

CALIFORNIA'S MEDICAL ASSISTANCE PROGRAM

ANNUAL STATISTICAL REPORT

CALENDAR YEAR 2001



The Great Seal

MEDICAL CARE STATISTICS SECTION

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This report is for informational purposes only and does not purport to be, or attempt to give a legal interpretation of rules, regulations, and laws pertaining to the Medi-Cal Program.

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Medi-Cal Program

Calendar Year 2001

This report presents statistical data on Medi-Cal program services, expenditures and eligibles for Calendar Year 2001.

Medi-Cal is California's Medicaid program, administered by the State of California, but funded jointly by the federal and state government. Medi-Cal provides health care coverage for low-income persons lacking health insurance. The federal government created the Medicaid program in 1965 as Title XIX of the Social Security Act. Medi-Cal is large, complex, and covers many different types of programs. Besides the Department of Health Services, other State Departments administering or coordinating the delivery of Medi-Cal services include: Department of Aging (Multipurpose Senior Services Program (MSSP) and Adult Day Health Care), Department of Developmental Services (Home and Community-Based Services (HCBS), Department of Mental Health (Short-Doyle, Inpatient Mental Health, and State Mental Hospitals), and Department of Social Services (In-Home Supportive Services and other health related activities). Within the Department of Health Services, some of the programs involved in administering or coordinating delivery of Medi-Cal services include the following:

- Medi-Cal Dental Services Branch/Payment Systems Division (Dental);
- Office of AIDS;
- Children's Medical Services (EPSDT);
- Medi-Cal Contracting Section (Drug rebates, formulary);
- Hospital Finance & Capitation Section/Medi-Cal Policy Division, (Disproportionate Share Payments);
- Division of Primary Care and Family Health (Family Planning, Access, Care and Treatment (FPACT) program);
- Medi-Cal Managed Care Program.

In addition to these organizations, others are involved for persons who may have dual eligibility for Medi-Cal and some other State-funded program, such as California Children Services, Children Health and Disability Services, or County Medical Services Program. Persons may also be both on Medi-Cal and Medicare, the Federal health program for elderly, in which case Medi-Cal contributes a small portion of the cost for fee-for-service goods and services.

The Managed Care Annual Statistical Report

The Annual Statistical Report does not cover Medi-Cal's Managed Care Program in great detail. That information is available on the Medical Care Statistics Section (MCSS) Website in the Managed Care Annual Statistical Report at <http://www.dhs.ca.gov/mcss>.

The Managed Care Annual Statistical Report provides information about the medical managed care programs rendering care to Medi-Cal eligibles. It also gives a description of the types of programs providing managed care services to Medi-Cal beneficiaries, the number of persons enrolled, and a description of some of the demographic and eligibility characteristics of this population.¹

The Managed Care Annual Statistical Report does not present cost or utilization information for the Medi-Cal managed care population. Cost data for this population, as well as those in Fee-For-Service (FFS), are available in this report. Managed care utilization information is currently limited, but will become available at a future date from the State Department of Health Services (DHS). Detailed information about dental managed care can be obtained from the DHS Payment Systems Division, Office of Medi-Cal Dental Services.

Please note the source for the enrollment and demographic charts and graphs in the Managed Care Annual Statistical Report is the Monthly Medi-Cal Eligibles File, produced each month by the Department of Health Services. Eligibility data from this file for a previous month of eligibility was used to allow retroactive eligibles to be posted. In most cases, the month of eligibility for July 2001 was used from the file created late December 2001.

Other information related to Medi-Cal managed care is available on the DHS MCSS website. The report entitled "Report on the Use of Medi-Cal Managed Care Encounter Data for Research Purposes," issued January 2002 (found under "Publications" on the MCSS website) reviews the quality and completeness of managed care encounter data. Current and historical counts of managed care beneficiaries by different variables are available in the "Beneficiary Data Files" section of the MCSS website.

¹ The terms "eligible," "beneficiary," and "enrollee" are used interchangeably within Medi-Cal. Each refers to a person who meets all requirements for receiving a Medi-Cal medical service or good (e.g., drugs, DME items) and is enrolled in the Medi-Cal program. These terms are differentiated from the term "user," who is a beneficiary actually receiving a service, drug, or DME item, etc.

**CALIFORNIA'S MEDICAL ASSISTANCE PROGRAM
ANNUAL STATISTICAL REPORT
Calendar Year 2001**

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NOTE ON DATA PRESENTATION

Generally, the data in this report include the Medi-Cal Fee-For-Service Program, Medi-Cal beneficiaries in State Hospitals, and Medi-Cal beneficiaries covered under a capitation contract with Delta Dental Service.

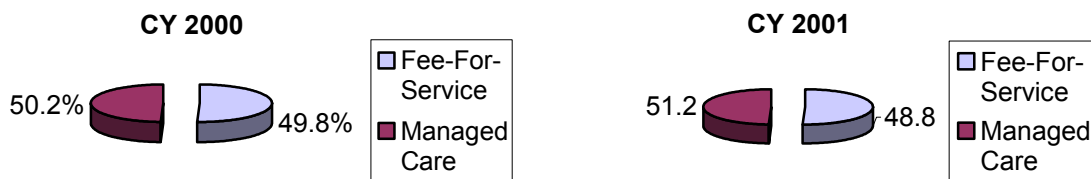
Data on Capitated Health Systems are excluded from a number of tables in this report. Capitated Health Systems receive a monthly capitation payment to provide services to enrollees, so cost figures for specific services are not available.

Capitated Health Systems data are included in Tables 1A, 1B, 1C, 2, 13, 14, 15, 17, 25, 26, 28, and 29.

The Fee-For-Service data for Primary Care Case Management Plan (PCCM) beneficiaries are included in this report. The only remaining PCCM in operation is Positive Healthcare in Los Angeles county.

During Calendar Year 2001, those enrolled in comprehensive managed care plans County Organized Health Systems (COHS) and Health Care Plans (HCP) comprised 51.2 percent of the total Medi-Cal population compared to 50.2 percent during Calendar Year 2000. As used here, “comprehensive plans” means those plans that are capitated to provide more than a limited range of services, including Two Plan Models and Geographic Managed Care (GMC). Plans that provide only dental or mental health, for example, are not comprehensive plans. PCCMs are not comprehensive plans.

Use of any expenditure data series for comparison of trends over time is infeasible since the advent of the managed care program, because of a sharp decline in service reporting among new managed care plans.



The combined fee-for-service and managed care populations are included in Tables 1A, 1B, 1C, 1, 17, 25, 26, 28, and 29, which reports on the eligible population. The majority of the remaining tables include only fee-for-service data. Tables 13, 14, and 15 include only those enrolled in comprehensive managed care plans.

MEDI-CAL PROGRAM STATISTICAL SUMMARY

Calendar Year 2001

In 2001, a total of 5.5 million persons per month were eligible for Medi-Cal. This includes Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCP). This represents an increase of 8.2 percent from 2000.

A total of \$1.3 billion in prepaid capitations were received by COHS (an increase of 22.4 percent from 2000) to provide non-dental medical services for an average of 460,754 eligibles per month during 2001 (an increase of 14.0 percent from 2000).

The 2,371,543 persons enrolled in HCPs each month reflected a 9.9 percent increase from 2000. HCP capitation payments totaled \$2.9 billion, which is a 20.4 percent increase from 2000.

In the FFS system, there were 1.8 million persons who used Medi-Cal benefits each month in 2001. Provider payments for those users totaled \$12.8 billion, which was 14.3 percent or \$1.6 billion more than in 2000.

There were 2.3 percent fewer users per 1,000 FFS eligibles in 2001. The utilization rate was 66.9 percent compared to 68.5 percent for 2000.

The average cost per user was \$590.80 per month (up 10.4 percent from 2000) and the average cost per FFS eligible was \$395.30 per month (up 7.9 percent from 2000).

Public Assistance FFS eligibles averaged 1.3 million persons per month, a decrease of 4.0 percent from 2000. This aid group accounted for 49.8 percent of the FFS eligible population, 59.7 percent of the users, and 53.1 percent of total provider payments (\$12.8 billion).

Medically Needy FFS eligibles averaged 920,702 persons per month in 2001, an increase of 71.8 percent from 2000. The increase is due to the expansion of the 1931(b) program, which was implemented in March 2000. The Program revised deprivation based on unemployment to include families with income below 100% of poverty and increasing the 1931(b) income limit to 100% of poverty. Medically Needy accounted for 34.1 percent of FFS eligibles, 27.5 percent of users, and 37.1 percent of total provider payments (\$4.7 billion).

Medically Indigent FFS eligibles averaged 63,089 persons per month, an 18.4 percent decrease from 2000. Medically Indigent accounted for 2.3 percent of FFS eligibles, 1.9 percent of users, and 1.4 percent of total provider payments (\$185.2 million).

County and community hospital services accounted for 23.0 percent of 2001 FFS provider payments. County hospitals received \$52.1 million. Community hospitals received \$193.3 million.

Medi-Cal purchased Medicare Part A and Part B Supplemental Medical Insurance for an average of 847,522 Aged and Disabled eligibles each month in 2001. Monthly premiums averaged \$44.0 million.

Total Medi-Cal program expenditures for Fiscal Year (FY) 2000-2001 (excluding administration costs) accounted for \$22.3 billion (up 8.2 percent from FY 1999-2000). The only two expenditure types that decreased were Early Periodic Screening Services, and Disproportionate Share Hospital (SB 855).

Section 1

HIGHLIGHTS OF 2001 PROGRAM CHANGES

The following discusses the major changes in Medi-Cal and related programs during calendar year 2001.

ABD Program Expansion, January 2001

As part of the Governor's Aging with Dignity Initiative, state law was amended (AB 2877, Chapter 93, Statutes of 2000) to establish an income deduction to provide Medi-Cal benefits without a share of cost to aged, blind, and disabled (ABD) persons with income below 100% of the federal poverty level (FPL) plus a \$230 disregard for an individual (131% of poverty) or \$310 for a couple (134% of poverty).

New aid codes 1H, 6H, 1U, and 6U were activated to identify individuals who qualify for FPL Program.

Continuing Eligibility – Children, January 2001

Assembly Bill 2900 (Chapter 945, Statutes of 2000) authorized up to 12 months of continuing zero share of cost Medi-Cal eligibility from the point of application/annual redetermination to children without regard to changes in circumstances that would otherwise result in a change to a share of cost or ineligibility for Medi-Cal. This continuing eligibility applies to children under 19 years of age as long as they reside in California.

SB 87 Redetermination Process, January 2001

Senate Bill 87 (Chapter 1088, Statutes of 2000) established criteria county welfare departments must follow in redetermining Medi-Cal eligibility for persons who are no longer eligible for CalWORKs or who report a change in circumstances that will impact their eligibility.

Elimination of the Quarterly Status Report.

The Budget Act of 2000 and AB 2877 (Chapter 93, Statutes of 2000) eliminated the quarterly status report for families eligible for Medi-Cal Only as of January 1, 2001, and included funding for the increased eligibles expected because of this change.

Out-of-State Aid to the Adoption of Children (AAP), January 2001

Senate Bill 1270 (Chapter 887, Statutes of 1999) implemented Section 473A of Title IV of the Social Security Act to provide Medi-Cal to children living in California who get Aid to the Adoption Assistance Program (AAP) payments from other states, without having to count the income of the adoptive parents.

Narcotic Analgesic Drugs, January 2001

The Medi-Cal List of Contract Drugs included drugs for mild to moderate pain and drugs for severe pain. However, there were no drugs for moderate to severe pain. Vicodin was added on March 1, 2001, with strict prescribing and dispensing limits to maintain utilization control of this narcotic drug. Phase-in costs for FY 2000-01 were \$5,294,000.

Prevnar (New Pneumococcal Vaccine), January 2001

Beginning January 1, 2001, the Department added Prevnar, a new pneumococcal vaccine, to the scope of Medi-Cal benefits. The vaccine's purpose is to immunize children against certain ear infections (pneumococcal otitis media) and pneumococcal meningitis. The federal Vaccines for Children (VFC) Program covers the cost of the vaccine; consequently, the sole cost to Medi-Cal is the injection fee. The Department saved \$554,000.

Disproportionate Share Hospital Program, January 1, 2001

The Disproportionate Share Hospital (DSH) Program concluded the Fiscal Year (FY) 2000-01 with the release of \$66,585,365 to 135 eligible hospitals on March 7, 2002. The Department disbursed a total of \$1,991,239,020 DSH funds to 135 eligible hospitals in FY 2000-01.

Yolo County Partnership HealthPlan of California (PHC), March 2001

Solano County Organized Health Systems expanded into Yolo County beginning March 2001. This shifts the costs from fee-for-service to managed care.

Serostim Prior Authorization, March 2001

Serostim (a human growth hormone) was automatically placed on the List of Contract Drugs when the FDA approved it as a treatment for AIDS wasting syndrome. Utilization of this drug has increased 33% since 1999, possibly due to inappropriate utilization.

As a step toward reducing inappropriate use, beginning March 1, 2001, the Department restricted the use of this drug to 12 weeks on and 8 weeks off per patient. Subsequently, beginning August 1, 2001, the Department further tightened the restriction to 12 weeks on after which prior authorization is required. Total savings for fiscal year 2000-2001 was \$1,398,000.

Living Donor Liver Transplantation, May 2001

The Department added living donor liver transplantation to the scope of Medi-Cal benefits beginning May 1, 2001. Living donor transplants may be a transplant option for those patients with advanced symptomatic liver disease who do not have a matched cadaver liver and who have a poor prognosis for survival. This benefit is restricted to centers that meet proposed Medi-Cal guidelines as centers for excellence.

Medical Abortion, July 2001

The U.S. Food and Drug Administration (FDA) approved mifepristone (RU-486) in combination with misoprostol as an effective and safe method of pregnancy termination in the first trimester. Medi-Cal added this benefit effective July 2001.

Aids Waiver Increase, July 2001

Beginning July 1, 2001, the Department increased the rates of reimbursement to AIDS Waiver providers for case management, administration, and psychosocial counseling. The increase for one full year was \$1,052,000.

Dialysis Increase, August 2001

Medi-Cal regulation, (Cal. Code Regs., tit. 22, §51509.2) states that reimbursement policies for Dialysis Clinics are based upon Medicare reimbursement policies. Section 422(a)(1) of the Benefits Improvement and Protection Act of 2000 (BIPA) increased Medicare rates for these services by 2.4% effective January 1, 2001. A Medi-Cal increase of 2.4% is estimated to annually cost \$1.75 million, including funding for dialysis in managed care plans.

Pap Smear Increase, August 2001

Beginning August 1, 2001, the Department increased reimbursement for pap smear laboratory tests to equal the Medicare national fee schedule amounts. The estimated annual cost of this increase is \$5,019,000.

LTC Rate Adjustment, August 2001

For FY 2001-02, the Long-Term Care rate adjustment for nursing facilities and intermediate care facilities is estimated to be \$92,769,000 (\$46,069,000 General Fund).

SECTION 2

MEDI-CAL ELIGIBLES AND USERS

MEDI-CAL ELIGIBLES, ALL PROGRAMS - TABLE 1A

Total Medi-Cal eligibles, (including Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCP) averaged 5.5 million persons per month in 2001, an increase of 8.2 percent from 2000.

Enrollment of Medi-Cal eligibles in (COHS) and (HCPs) increased 10.5 percent in 2001, to a monthly average of 2,832,297 persons. For additional information, see Section 5, Medi-Cal Capitated Health Systems, page 38.

FFS Medi-Cal eligibles averaged 2.7 million persons per month, an increase of 5.9 percent from 2000.

FFS Public Assistance (PA) eligibles averaged 1.3 million persons per month in 2001, a decrease of 4.0 percent from 2000. PA eligibles accounted for 49.8 percent of all FFS eligibles.

Total FFS Medically Needy (MN) eligibles, including 1931(b) eligibles, averaged 920,702 persons monthly and increased 39.2 percent from 2000. MN eligibles accounted for 34.1 percent of all FFS eligibles.

Total FFS Medically Indigent (MI) eligibles averaged 63,089 persons monthly and decreased 18.4 percent from 2000. MI eligibles accounted for 2.3 percent of all FFS eligibles.

The FFS MI/MN Not Qualified Aliens, formerly called the OBRA program, averaged 189,181 eligibles per month in 2001, an increase of 22.7 percent from 2000. MI/MN Aliens program eligibles accounted for 7.0 percent of all FFS eligibles.

The FFS Refugee/Entrant programs averaged 1,559 persons monthly, an increase of 23.7 percent from 2000. Refugee/Entrant program eligibles accounted for less than 0.1 percent of all FFS eligibles.

The FFS 100 Percent Poverty, 133 Percent Poverty, and Income Disregard Poverty program averaged 162,934 persons monthly, or 6.0 percent of all FFS eligibles.

Data for the FFS Presumptive Eligibility for Pregnant Women program are not available.

The remaining FFS programs (60-Day Postpartum, Dialysis, Total Parenteral Nutrition, Qualified Medicare Beneficiary, Medi-Cal Tuberculosis, and Minor Consent) averaged 16,199 persons per month, a decrease of less than 3.7 percent from 2000. These programs accounted for 0.6 percent of all FFS eligibles.

The Medi-Cal Family PACT (Planning, Access, Care and Treatment) waiver was effective December 1, 1999. These eligibles, who are not otherwise eligible for Medi-Cal, averaged 1,234,582 per month during CY 2001.

TABLE 1A

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2000 AND 2001

(COHS, HCPs, AND FFS)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2000	CALENDAR YEAR 2001	CHANGE	
			Number	Percent
TOTAL (Excluding Family PACT)	5,110,057	5,530,632	420,575	8.2
County Organized Health Systems (COHS)	404,146	460,754	56,608	14.0
Health Care Plans (HCPs)	2,158,642	2,371,543	212,901	9.9
Fee-For-Service (FFS)/1/	2,547,269	2,698,336	151,067	5.9
Public Assistance	1,400,077	1,344,670	(55,407)	(4.0)
Aged	323,353	323,231	(122)	(0.0)
Blind	21,920	21,139	(781)	(3.6)
Disabled	630,712	634,171	3,459	0.5
Families	424,092	366,129	(57,963)	(13.7)
Medically Needy	661,256	920,702	259,446	39.2
Aged	103,438	132,071	28,633	27.7
Blind	707	794	87	12.3
Disabled	51,600	63,148	11,548	22.4
Families	505,510	724,690	219,180	43.4
Medically Indigent	77,325	63,089	(14,236)	(18.4)
Adults	5,875	4,768	(1,107)	(18.8)
Children	71,449	58,321	(13,128)	(18.4)
MI/MN Not Qualified Aliens	154,228	189,181	34,953	22.7
Refugee/Entrant	1,261	1,559	298	23.7
100 Percent Poverty	64,704	41,206	(23,498)	(36.3)
133 Percent Poverty	70,662	33,905	(36,757)	(52.0)
Income Disregard	100,925	87,823	(13,102)	(13.0)
60-Day Postpartum	1,154	1,587	433	37.5
Dialysis	41	40	(1)	(2.0)
Total Parenteral Nutrition	5	4	(1)	(13.3)
Qualified Medicare Beneficiary	5,983	5,049	(934)	(15.6)
Presumptive Eligibility for Pregnant Women	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	505	682	177	35.1
Minor Consent	9,138	8,837	(301)	(3.3)
Family PACT	1,103,901	1,234,582	130,681	11.8

INA Information Not Available.

/1/ Excludes County Organized Health Systems and Health Care Plans.

Note: Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

Family PACT is funded by Title XIX and General Fund based on a Title XIX waiver.

The men and women who receive Family PACT services are not eligible for Medi-Cal.

Family PACT data is limited to Tables 1A, 1B, and 2 of this report.

The 185 and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, MCSS File HCP0112_Benes_by_Managed_Care_Plan_2001_12, created from the December 2001 Month of Eligibility File using a six-month lag.

State of California, Department of Health Services, MCSS File FPACT Eligibles Over Time, created from FMEF File.

AVERAGE MONTHLY ELIGIBLES BY FEE-FOR-SERVICE AND MANAGED CARE TYPE – TABLE 1B

Table 1B shows the average monthly eligibles by Fee-For-Service and Managed Care type.

The table shows a separate count of eligibles for Fee-For-Service (FFS), County Organized Health Systems (COHS), Two-Plan/GMC and Other Managed Care Plans by Program and Aid Category.

Total Medi-Cal eligibles (including Fee-For-Service, County Organized Health Systems, Two-Plan/GMC and Other Managed Care Plans) averaged 5.5 million persons per month in calendar year 2001.

In Fee-For-Service (FFS) and Managed Care, the Public Assistance category was the largest. It comprised 49.8 percent of the FFS population; 50.5 percent of the COHS; 54.6 percent of the Two-Plan/GMC, and 80.5 percent of Other Managed Care.

TABLE 1B
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY FEE-FOR-SERVICE and MANAGED CARE TYPE
CALENDAR YEAR 2001

PROGRAM AND AID CATEGORY	TOTAL	Fee-For-Service (FFS)		Managed Care Type					
		Average Monthly Count	Percent of Total	COHS		Two-Plan/GMC		Other Managed Care Plans*	
				Average Monthly Count	Percent of Total	Average Monthly Count	Percent of Total	Average Monthly Count	Percent of Total
TOTAL (Excluding Family PACT)	5,530,632	2,698,336	100.0%	460,754	100.0%	2,366,765	100.0%	4,778	100.0%
Public Assistance	2,873,980	1,344,670	49.8%	232,893	50.5%	1,292,572	54.6%	3,844	80.5%
Aged	374,823	323,231	12.0%	42,646	9.3%	7,027	0.3%	1,919	40.2%
Blind	25,187	21,139	0.8%	2,566	0.6%	1,404	0.1%	78	1.6%
Disabled	784,763	634,171	23.5%	72,172	15.7%	77,027	3.3%	1,394	29.2%
Families	1,689,207	366,129	13.6%	115,510	25.1%	1,207,114	51.0%	454	9.5%
Medically Needy	2,017,540	920,702	34.1%	184,734	40.1%	911,195	38.5%	909	19.0%
Aged	153,506	132,071	4.9%	19,227	4.2%	1,756	0.1%	452	9.5%
Blind	921	794	0.0%	104	0.0%	22	0.0%	2	0.0%
Disabled	74,415	63,148	2.3%	9,303	2.0%	1,849	0.1%	116	2.4%
Families	1,788,698	724,690	26.9%	156,100	33.9%	907,569	38.3%	339	7.1%
Medically Indigent	127,707	63,089	2.3%	11,594	2.5%	53,016	2.2%	9	0.2%
Adults	6,217	4,768	0.2%	798	0.2%	651	0.0%	0	0.0%
Children	121,490	58,321	2.2%	10,796	2.3%	52,364	2.2%	9	0.2%
MI/MN Not Qualified Aliens	191,780	189,181	7.0%	2,581	0.6%	17	0.0%	0	0.0%
Refugee/Entrant	3,280	1,559	0.1%	234	0.1%	1,487	0.1%	0	0.0%
100 Percent Poverty	88,792	41,206	1.5%	6,928	1.5%	40,652	1.7%	7	0.1%
133 Percent Poverty	94,431	33,905	1.3%	12,185	2.6%	48,337	2.0%	5	0.1%
Income Disregard	116,869	87,823	3.3%	9,554	2.1%	19,491	0.8%	1	0.0%
60-Day Postpartum	1,587	1,587	0.1%	0	0.0%	0	0.0%	0	0.0%
Dialysis	40	40	0.0%	0	0.0%	0	0.0%	0	0.0%
Total Parenteral Nutrition	4	4	0.0%	0	0.0%	0	0.0%	0	0.0%
Qualified Medicare Beneficiary	5,098	5,049	0.2%	49	0.0%	0	0.0%	0	0.0%
Presumptive Eligibility Pregnant Women	INA	INA	INA	INA	INA	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	683	682	0.0%	1	0.0%	0	0.0%	0	0.0%
Minor Consent	8,839	8,837	0.3%	0	0.0%	0	0.0%	3	0.1%
Family PACT	1,234,582	1,234,582	0	0	0	0	0	0	0

* "Other Managed Care Plans" include prepaid health plans, primary care case management, and special projects. FFS-Managed Care Case Management plans are not represented in this table.

Note: Figures are rounded independently and may not add to totals.

Family PACT is funded by Title XIX and General Fund based on a Title XIX waiver. The men and women who receive Family PACT services are not eligible for regular Medi-Cal services. Family PACT data is limited to Tables 1A and 1B of this report.

The 185 Percent and 200 Percent Poverty programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, MCSS File HCP0112_Benes_by_Managed_Care_Plan_2001_12, created from the December 2001 Month of Eligibility File using a six-month lag.

State of California, Department of Health Services, MCSS File FFACT Eligibles Over Time, created from the FMEF File.

MEDI-CAL ELIGIBLES BY AGE AND ETHNICITY - TABLE 1C

Table 1C shows the total Medi-Cal eligibles (including Fee-For-Service, County Organized Health Systems, and Health Care Plans) by age and race/ethnicity in October 2001.

Of the 5,737,140 persons certified eligible, 2,602,812 were Hispanic; 1,414,103 were White; 693,652 were Black; 745,700 were Asian/Pacific Islander; 26,180 were American Indian/Alaskan Native; and 254,693 fall into the Not Reported race/ethnicity category.

TABLE 1C

MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY AGE AND RACE/ETHNICITY
OCTOBER 2001
(COHS, HCPs, AND FFS)

COUNTY	TOTAL	RACE/ETHNICITY											
		AM INDIAN/ ALASKAN NATIVE		ASIAN PACIFIC ISLANDER		BLACK		HISPANIC		WHITE		NOT REPORTED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
TOTAL	5,737,140	26,180	0.5	745,700	13.0	693,652	12.1	2,602,812	45.4	1,414,103	24.6	254,693	4.4
Under 1	224,099	793	0.4	14,588	6.5	19,931	8.9	150,756	67.3	35,107	15.7	2,924	1.3
1-5	864,716	3,603	0.4	54,739	6.3	99,369	11.5	546,344	63.2	145,980	16.9	14,681	1.7
6-10	801,052	3,853	0.5	67,643	8.4	109,726	13.7	457,914	57.2	154,175	19.2	7,741	1.0
11-15	651,384	3,726	0.6	71,621	11.0	99,781	15.3	321,273	49.3	148,955	22.9	6,028	0.9
16-20	494,158	2,628	0.5	66,754	13.5	67,023	13.6	235,869	47.7	109,464	22.2	12,420	2.5
21-30	627,999	2,946	0.5	44,089	7.0	77,323	12.3	360,498	57.4	131,717	21.0	11,426	1.8
31-40	601,389	3,039	0.5	59,961	10.0	73,603	12.2	287,432	47.8	162,363	27.0	14,991	2.5
41-50	425,614	2,468	0.6	66,499	15.6	57,618	13.5	129,701	30.5	144,954	34.1	24,374	5.7
51-55	139,594	744	0.5	27,606	19.8	17,794	12.7	27,341	19.6	51,708	37.0	14,401	10.3
56-64	200,364	1,056	0.5	46,829	23.4	24,077	12.0	23,143	11.6	77,485	38.7	27,774	13.9
65 and over	706,762	1,324	0.2	225,371	31.9	47,406	6.7	62,534	8.8	252,194	35.7	117,933	16.7
Unknown	9	0	0.0	0	0.0	1	11.1	7	77.8	1	11.1	0	0.0

Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF), Run Date 08/15/2002.

TOTAL ANNUAL PAYMENTS - TABLE 2

This is a companion to Table 1A, showing payments by type of program. This table reflects the total annual Medi-Cal payments for County Organized Health Systems (COHS), Health Care Plans (HCPs), and, Fee-For-Service (FFS) by Program and Aid Category for 2000 and 2001.

Total annual Medi-Cal payments (including FFS, COHS, and HCPs) averaged \$16.9 billion in 2001, an increase of 15.8 percent from 2000.

The COHS estimated capitation payments were \$1.3 billion in 2001, a 22.4 percent increase from 2000.

HCP capitation payments were \$2.9 billion in 2001, compared to \$2.4 billion in 2000, an increase of 20.4 percent.

Capitated Health System payments (COHS and HCPs) are not included in the FFS breakdown.

Total annual Medi-Cal FFS payments were \$12.8 billion in 2001, an increase of 14.3 percent from 2000.

Payments for persons in the Public Assistance (PA) group were \$6.8 billion, an increase of 11.9 percent from the \$6.1 billion in 2000. PA payments accounted for 53.1 percent of all FFS payments.

\$4.7 billion was paid for services provided to the Medically Needy (MN), up 23.8 percent from 2000. MN payments accounted for 37.1 percent of all FFS payments.

Total Medically Indigent (MI) payments were \$185.2 million, down 16.4 percent from the \$221.6 million in 2000. MI payments accounted for 1.4 percent of all FFS payments.

The MI/MN Not Qualified Aliens program payments were \$381.4 million, down 1.0 percent from the \$385.3 million the previous year. The MI/MN Not Qualified Aliens program payments accounted for 3.0 percent of all FFS payments.

Payments for the Refugee/Entrant programs were \$7.0 million, up 51.8 percent from the \$4.6 million in 2000. Refugee/Entrant program payments accounted for less than 0.1 percent of all FFS payments.

The 100 Percent Poverty, 133 Percent Poverty, and the Income Disregard program accounted for \$442.7 million, a 5.6 percent decrease from the \$468.9 million in 2000. These programs accounted for 3.5 percent of all FFS payments.

Total payments for the remaining groups (excluding Not Reported) were \$176.16 million in 2001, up 8.2 percent from the \$162.83 million in 2000. These payments accounted for 1.4 percent of all FFS payments.

The Medi-Cal Family PACT (Planning, Access, Care and Treatment) waiver was effective December 1, 1999. Family PACT expenditures during Calendar Year 2001 totaled \$339.3 million, up 33.5 percent from Calendar Year 2000.

TABLE 2

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2000 AND 2001

(COHS, HCPs, AND FFS)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2000	CALENDAR YEAR 2001	CHANGE	
			Number	Percent
TOTAL (Excluding Family PACT)	\$14,609,804,474	\$16,921,922,993	\$2,312,118,519	15.8
County Organized Health Systems (COHS)	\$1,020,868,545	\$1,249,258,978	\$228,390,433	22.4
Health Care Plans (HCPs)	\$2,385,895,397	\$2,871,909,182	\$486,013,785	20.4
Fee-For-Service (FFS)/1/	\$11,203,040,532	\$12,800,754,833	\$1,597,714,301	14.3
Public Assistance	6,075,117,364	6,798,088,992	722,971,628	11.9
Aged	1,120,696,967	1,315,874,886	195,177,919	17.4
Blind	149,082,455	166,913,783	17,831,328	12.0
Disabled	3,951,425,084	4,485,390,505	533,965,421	13.5
Families	853,912,858	829,909,818	(24,003,040)	(2.8)
Medically Needy	3,833,026,214	4,747,183,880	914,157,666	23.8
Aged	1,690,777,986	1,976,272,349	285,494,363	16.9
Blind	15,218,207	17,705,834	2,487,627	16.3
Disabled	1,235,474,421	1,449,162,617	213,688,196	17.3
Families	891,555,600	1,304,043,080	412,487,480	46.3
Medically Indigent	221,587,482	185,170,467	(36,417,015)	(16.4)
Adults	61,744,441	58,394,811	(3,349,630)	(5.4)
Children	159,843,041	126,775,656	(33,067,385)	(20.7)
MI/MN Not Qualified Aliens	385,299,554	381,364,598	(3,934,956)	(1.0)
Refugee/Entrant	4,614,787	7,006,875	2,392,088	51.8
100 Percent Poverty	41,504,124	33,949,093	(7,555,031)	(18.2)
133 Percent Poverty	48,650,694	32,366,552	(16,284,142)	(33.5)
Income Disregard	378,759,103	376,412,350	(2,346,753)	(0.6)
60-Day Postpartum	3,213,682	4,938,834	1,725,152	53.7
Dialysis	247,461	320,876	73,415	29.7
Total Parenteral Nutrition	3,841	2,468	(1,373)	(35.7)
Qualified Medicare Beneficiary	7,898,480	7,926,144	27,664	0.4
Presumptive Eligibility for Pregnant Women	101,676,163	117,459,646	15,783,483	15.5
Medi-Cal Tuberculosis Program	426,862	464,844	37,982	8.9
Minor Consent	49,367,093	45,049,720	(4,317,373)	(8.7)
Not Reported	51,465,700	62,749,985	11,284,285	21.9
Family PACT	254,115,339	339,323,030	85,207,691	33.5

/1/ Excludes County Organized Health Systems and Health Care Plans.

Note: Payments are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

Family PACT is funded by Title XIX and General Fund based on a Title XIX waiver. The men and women who receive Family PACT services are not eligible for Medi-Cal. Family PACT data is limited to Tables 1 and 2 of this report.

The 185 and 200 Percent Poverty programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report; Managed Care Financial Worksheets; and Rate Sheet for Managed Care Plans.

MONTHLY MEDI-CAL FEE-FOR-SERVICE (FFS) ELIGIBLES - TABLE 3

An average of 2,698,336 persons were eligible each month for Medi-Cal fee-for-service benefits during 2001. The six-month average for July thru December of 2001 reflects a 5.2% increase over January thru June.

The Public Assistance (PA) program accounted for 49.8 percent of the total annual average eligibles. The PA eligibles averaged 15,849 more persons in the first half of the year than in the last half.

The Medically Needy (MN) program accounted for 34.1 percent of the total annual average eligibles. The average MN eligibles ran 115,557 persons higher in the last half of the year than in the first half.

The Medically Indigent (MI) program accounted for 2.3 percent of the total annual average eligibles. Eligible counts in the MI program peaked in March. The average MI eligible count was higher in the first half of the year than in the last half.

The Aliens and Refugee/Entrant programs combined accounted for 7.0 percent of the eligible population.

The 100 Percent Poverty, 133 Percent Poverty, and the Income Disregard program combined accounted for 6.0 percent of the eligible population.

The 60-Day Postpartum program accounted for less than 0.1 percent of the eligible population.

The Qualified Medicare Beneficiary program accounted for 0.2 percent of the eligible population.

Data for the Presumptive Eligibility for Pregnant Women program are not available.

The Medi-Cal Tuberculosis program, Minor Consent, and All Other groups combined accounted for 0.4 percent of the eligible population.

Table 3

MEDI-CAL PROGRAM
MONTHLY ELIGIBLES BY PROGRAM
CALENDAR YEAR 2001

(FFS ONLY)

MONTH	TOTAL	PUBLIC ASSISTANCE	MEDICALLY NEEDY	MEDICALLY INDIGENT	MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY
Annual Average 2001	2,698,336	1,344,670	920,702	63,089	189,181	1,559	41,206	33,905
Six-Month Average	2,629,750	1,352,595	862,924	65,254	174,072	1,606	39,344	33,511
January	2,586,166	1,380,495	819,012	67,381	147,948	1,434	36,624	32,482
February	2,597,827	1,369,578	832,697	67,786	157,635	1,426	37,134	32,176
March	2,620,631	1,351,359	857,806	68,559	168,691	1,634	38,266	33,399
April	2,642,875	1,344,463	872,808	68,326	180,924	1,796	40,228	33,944
May	2,655,830	1,333,756	892,601	59,716	192,693	1,724	41,442	34,130
June	2,675,168	1,335,916	902,618	59,753	196,540	1,623	42,370	34,933
Six-Month Average	2,766,922	1,336,746	978,481	60,924	204,291	1,513	43,067	34,299
July	2,702,028	1,338,618	919,951	60,202	199,762	1,586	42,904	35,247
August	2,734,842	1,341,044	943,659	60,817	202,886	1,661	43,253	35,190
September	2,747,602	1,333,473	969,446	59,992	201,545	1,728	41,584	33,690
October	2,791,196	1,334,957	1,001,550	61,163	205,237	1,666	43,323	34,386
November	2,812,035	1,339,454	1,014,603	61,671	207,606	1,373	43,639	34,022
December	2,813,829	1,332,931	1,021,678	61,699	208,709	1,061	43,701	33,261
MONTH	QMB	INCOME DISREGARD	60-DAY POST-PARTUM	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TB PROGRAM	MINOR CONSENT	ALL OTHER/1/	
Annual Average 2001	5,049	87,823	1,587	INA	682	8,837	45	
Six-Month Average	5,081	84,487	1,251	INA	607	8,977	43	
January	5,279	84,875	1,082	INA	543	8,966	45	
February	5,141	83,697	1,155	INA	575	8,783	44	
March	5,144	84,894	1,174	INA	590	9,072	43	
April	5,095	84,433	1,217	INA	618	8,981	42	
May	4,874	83,748	1,352	INA	641	9,110	43	
June	4,950	85,272	1,524	INA	676	8,951	42	
Six-Month Average	5,018	91,159	1,924	INA	758	8,696	46	
July	4,955	87,686	1,695	INA	700	8,680	42	
August	4,921	90,211	1,775	INA	730	8,652	43	
September	5,021	89,878	1,895	INA	742	8,564	44	
October	4,996	92,291	1,953	INA	763	8,862	49	
November	5,031	92,967	2,094	INA	794	8,732	49	
December	5,185	93,923	2,130	INA	817	8,686	48	

INA Information Not Available.

/1/ Other includes Dialysis and Total Parenteral Nutrition.

Note: MI/MN = Medically Indigent/Medically Needy

FFS = Fee-For-Service; QMB = Qualified Medicare Beneficiary; TB = Tuberculosis.

The 185 and 200 Percent Poverty programs have merged and are now called Income Disregard.

Averages are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, MCSS File HCP0112_Benes_by_Managed_Care_Plan_2001_12, created from the December 2001 Month of Eligibility File using a six-month lag.

MONTHLY MEDI-CAL FEE-FOR-SERVICE (FFS) USERS - TABLE 4

An average of 1,805,434 persons received Medi-Cal program benefits each month in 2001. Monthly users averaged 636 more persons in the first half of the year than in the last half.

A monthly utilization rate can be computed from Tables 3 and 4 (users divided by eligibles). The utilization rate for the Total Fee-For-Service Program is 66.9 percent of eligibles who receive services each month.

The Public Assistance (PA) group, which accounted for 59.7 percent of the total annual average Medi-Cal users, had a utilization rate of 80.2 percent. There were 31,308 more PA users during January thru June.

The Medically Needy (MN) group, which accounted for 27.5 percent of the total annual average users, had a utilization rate of 53.9 percent. There were 35,356 more MN users during July thru December.

The Medically Indigent (MI) group, which accounted for 1.9 percent of the total annual average users, had a utilization rate of 54.1 percent. There were 3,758 more MI users during January thru June.

The Aliens and Refugee/Entrant groups accounted for 2.2 percent of the total annual average users.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard combined accounted for 4.5 percent of the total annual average users.

The 60-Day Postpartum, Qualified Medicare Beneficiary, Presumptive Eligibility for Pregnant Women, Medi-Cal Tuberculosis Program, Minor Consent, and All Other groups combined accounted for 4.0 percent of the total annual users.

Table 4

MEDI-CAL PROGRAM
MONTHLY USERS BY PROGRAM
CALENDAR YEAR 2001

(FFS ONLY)

MONTH	TOTAL	PUBLIC ASSISTANCE	MEDICALLY NEEDY	MEDICALLY INDIGENT	IRCA ALIENS	MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY
Annual Average 2001	1,805,434	1,078,528	496,269	34,131	2	38,034	1,746	14,812
Six-Month Average	1,805,752	1,094,182	478,591	36,010	2	36,487	1,692	14,652
January	1,640,835	1,015,337	416,092	33,117	2	32,123	1,404	12,719
February	1,760,026	1,079,622	453,454	35,433	2	33,776	1,509	14,069
March	1,951,965	1,177,960	517,597	40,345	1	39,032	1,847	16,248
April	1,771,778	1,074,935	470,068	34,717	3	35,693	1,785	13,709
May	1,810,856	1,089,072	492,980	35,568	2	37,274	1,786	14,839
June	1,899,051	1,128,168	521,352	36,882	2	41,025	1,821	16,329
Six-Month Average	1,805,116	1,062,874	513,947	32,252	2	39,582	1,800	14,971
July	1,712,203	1,029,902	467,109	30,404	3	36,623	1,714	13,415
August	1,924,418	1,128,586	540,469	35,786	3	43,105	1,862	17,377
September	1,701,195	1,011,001	478,694	29,744	1	37,733	1,656	13,918
October	1,819,006	1,067,356	523,699	33,010	1	40,773	1,861	15,070
November	1,927,486	1,119,419	564,464	34,650	1	41,230	2,048	16,714
December	1,746,386	1,020,979	509,248	29,919	1	38,026	1,658	13,334
MONTH	133 PERCENT POVERTY	INCOME DISREGARD	60-DAY POST-PARTUM	QMB	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TB PROGRAM	MINOR CONSENT	ALL OTHER/1/
Annual Average 2001	14,870	51,235	1,479	5,151	56,573	209	6,541	5,853
Six-Month Average	15,594	50,861	1,204	5,937	56,909	196	6,866	6,570
January	15,001	48,207	984	3,436	50,830	163	6,291	5,129
February	15,756	50,099	1,105	6,532	55,156	183	6,723	6,607
March	17,710	55,413	1,326	7,990	61,645	208	7,509	7,134
April	14,651	49,613	1,171	6,428	55,762	185	6,760	6,298
May	14,991	48,595	1,161	5,523	54,549	202	6,652	7,662
June	15,452	53,239	1,478	5,710	63,512	233	7,259	6,589
Six-Month Average	14,147	51,610	1,754	4,366	56,237	222	6,216	5,137
July	12,994	47,347	1,298	4,902	55,201	235	6,162	4,894
August	15,980	55,415	1,837	4,896	65,778	227	6,693	6,404
September	12,627	47,856	1,563	3,739	52,642	186	5,683	4,152
October	14,380	51,138	1,828	4,181	54,644	200	6,207	4,658
November	15,524	56,031	2,062	4,884	57,454	249	6,704	6,052
December	13,378	51,870	1,933	3,592	51,705	235	5,848	4,660

/1/ Other includes Dialysis, Total Parenteral Nutrition, and Not Reported.

Note: IRCA = Immigration Reform and Control Act; MI/MN = Medically Indigent/Medically Needy.

The IRCA program expired December 31, 1994. IRCA is shown for 2001 because claims continue to be paid due to the lag from time of service to time of payment.

FFS = Fee-For-Service; QMB = Qualified Medicare Beneficiary; TB = Tuberculosis.

Averages are rounded independently and may not add to totals.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Report (Monthly - Control Totals) and Calendar Year Rep

FEE-FOR-SERVICE (FFS) MEDI-CAL UTILIZATION - TABLE 5

An average of 1,805,434 persons received Medi-Cal program benefits each month in 2001. There were 60,405 more monthly users than in 2000.

The total number of users per 1,000 (FFS) eligibles decreased 2.3 percent, from 685 in 2000 to 669 in 2001. The total number of users for 2001 include the Presumptive Eligibility for Pregnant Women program; however, eligible counts for this program are not available. If these users are excluded, the overall utilization rate calculates to be 648 per 1,000 (FFS) eligibles in 2001.

In 2001, the Public Assistance group, which accounted for 59.7 percent of total users, had a utilization rate of 80.2 percent. The Medically Needy group accounted for 27.5 percent of the total users.

Calendar Year 2000 and 2001 data do not include users of health care services provided by County Organized Health Systems (COHS) or Health Care Plans (HCPs).

TABLE 5

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS AND USERS PER 1,000 ELIGIBLES
BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2000 AND 2001

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2000	CALENDAR YEAR 2001	USERS PER 1,000 ELIGIBLES		PERCENT CHANGE IN RATE
			2000	2001	
TOTAL	1,745,029	1,805,434	685	669	(2.3)
Public Assistance	1,090,455	1,078,528	779	802	3.0
Aged	224,831	233,291	695	722	3.9
Blind	16,211	16,319	740	772	4.3
Disabled	483,679	498,009	767	785	2.3
Families	365,734	330,909	862	904	4.9
Medically Needy	371,789	496,269	562	539	(4.1)
Aged	86,496	102,129	836	773	(7.5)
Blind	649	745	918	938	2.2
Disabled	48,608	57,274	942	907	(3.7)
Families	236,036	336,122	467	464	(0.6)
Medically Indigent	50,185	34,131	649	541	(16.6)
Adults	6,491	4,753	1,105	997	(9.8)
Children	43,694	29,379	612	504	(17.6)
MI/MN Not Qualified Aliens	42,559	38,034	276	201	(27.2)
Refugee/Entrant	1,236	1,746	980	1,120	14.3
100 Percent Poverty	22,642	14,812	350	359	2.6
133 Percent Poverty	31,681	14,870	448	439	(2.0)
Income Disregard	60,759	51,232	604	583	(3.5)
Infant	19,488	11,308	554	554	0.0
Pregnant Woman	41,271	39,923	630	592	(6.0)
60-Day Postpartum	1,089	1,479	944	932	(1.3)
Dialysis	27	28	659	700	NA
Total Parenteral Nutrition	2	2	400	500	NA
Qualified Medicare Beneficiary	4,840	5,151	809	1,020	26.1
Presumptive Eligibility for Pregnant Women	INA	56,573	INA	INA	INA
Medi-Cal Tuberculosis Program	161	209	319	306	(4.1)
Minor Consent	7,379	6,541	808	740	(8.4)
Not Reported	4,847	5,824	NA	NA	NA

INA Information Not Available.

NA Not Applicable.

Claims processing time lags can distort utilization rates, especially for smaller groups of eligibles or groups whose numbers change considerably.

Note: FFS = Fee-For-Service.

Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports and Medi-Cal Certified CID Eligibles Calendar Year 2000 Report, and MCSS File HCP0112_Benes_by_Managed_Care_Plan_2001_12, created from the December 2001 Month of Eligibility File using a six-month lag.

SECTION 3
MEDI-CAL EXPENDITURES

FEE-FOR-SERVICE (FFS) PAYMENT PER ELIGIBLE BY PROGRAM AND AID CATEGORY - TABLE 6

The average monthly payment per eligible was \$395.33 in 2001. This represents an increase of \$28.83 per eligible or 7.9 percent over the prior year. Payments include the Presumptive Eligibility for Pregnant Women program; however, eligible counts for this program are not available. If these payments are excluded, the overall cost per eligible would be \$391.70.

Relative cost increases exceeding the overall 7.9 percent were experienced by the Public Assistance Aged (up 17.5 percent); Public Assistance Blind (up 16.1 percent); Public Assistance Disabled (up 12.9 percent); Public Assistance Families (up 12.6 percent); Medically Indigent Adults (up 16.5 percent); Refugee/Entrant (up 22.8 percent); 100 Percent Poverty (up 28.5 percent); 133 Percent Poverty (up 38.7 percent); 60-Day Postpartum (up 11.8 percent); Dialysis (up 32.9 percent), and QMB (up 18.9 percent).

Public Assistance Families, which is a major expenditure group, had an increase in cost per eligible, of 12.6 percent, to \$188.89 per month in 2001.

Calendar Year 2001 data do not include payments for health care services handled by County Organized Health Systems (COHS) or Health Care Plans (HCPs).

TABLE 6

MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT PER ELIGIBLE BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2000 AND 2001

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2000	CALENDAR YEAR 2001	CHANGE	
			Number	Percent
TOTAL	\$366.50	\$395.33	28.83	7.9
Public Assistance	362.00	421.30	59.30	16.4
Aged	288.82	339.25	50.43	17.5
Blind	566.77	658.00	91.23	16.1
Disabled	522.09	589.40	67.31	12.9
Families	167.80	188.89	21.09	12.6
Medically Needy	483.05	429.67	(53.38)	(11.1)
Aged	1,362.15	1,246.98	(115.17)	(8.5)
Blind	1,794.00	1,858.29	64.29	3.6
Disabled	1,995.28	1,912.39	(82.89)	(4.2)
Families	147.00	149.95	2.95	2.0
Medically Indigent	238.81	244.59	5.78	2.4
Adults	875.81	1,020.60	144.79	16.5
Children	186.43	181.15	(5.28)	(2.8)
MI/MN Not Qualified Aliens	208.19	167.99	(40.20)	(19.3)
Refugee/Entrant	304.97	374.54	69.57	22.8
100 Percent Poverty	53.45	68.66	15.21	28.5
133 Percent Poverty	57.37	79.55	22.18	38.7
Income Disregard	396.18	357.17	(39.01)	(9.8)
Infant	529.47	235.05	(294.42)	(55.6)
Pregnant Woman	467.60	394.11	(73.49)	(15.7)
60-Day Postpartum	232.07	259.34	27.27	11.8
Dialysis	502.98	668.50	165.52	32.9
Total Parenteral Nutrition	64.02	51.50	(12.52)	(19.6)
Qualified Medicare Beneficiary	110.01	130.82	20.81	18.9
Presumptive Eligibility for Pregnant Women	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	70.44	56.80	(13.64)	(19.4)
Minor Consent	450.20	424.82	(25.38)	(5.6)

INA Information Not Available.

Note: FFS = Fee-For-Service.

Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures
Month of Payment Calendar Year Reports, Medi-Cal Certified CID Eligibles Calendar Year 2001 Report, and
MCSS File HCP0112_Benes_by_Managed_Care_Plan_2001_12, created from the December 2001 Month of Eligibility File
using a six-month lag.

**FEE-FOR-SERVICE (FFS) PAYMENT PER USER
BY PROGRAM AND AID CATEGORY - TABLE 7**

During 2001, the Medi-Cal program spent \$590.84 per month per user of service. This was \$55.84 or 10.4 percent more than in 2000.

The lowest monthly cost group was the Total Parenteral Nutrition group at \$102.83 per user, followed by the Qualified Medicare Beneficiaries at \$128.23 per user, both of which are eligible for only a limited scope of service.

Cost per user in the Medically Needy Aged, Blind, and Disabled groups are high because a large number of persons in these groups are in a long-term care facility. The cost per Medically Needy user runs almost two times that of Public Assistance users.

Cost per user for most groups increased from the previous year, due to provider rate increases implemented in August 2000.

The Public Assistance Aged, Blind, Disabled, and Families categories showed increases of 13.1, 13.2, 11.2, 10.2 and 7.4 percent respectively. Medically Needy Blind and Families were up 1.4 and 2.7 percent from the previous year. Medically Indigent Adults and Children increased 29.2 and 18.0 percent. MI/MN Not Qualified Aliens, Refugee/Entrant, 100 Percent Poverty, 133 Percent Poverty, 60-Day Postpartum, Dialysis, Presumptive Eligibility for Pregnant Women, Minor Consent, and Not Reported categories showed increases of 10.8, 7.5, 25.0, 41.7, 13.2, 25.0, 13.1, 2.9, and 1.5 percent respectively.

TABLE 7

MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT PER USER BY PROGRAM AND AID CATEGORY
CALENDAR YEARS 2000 AND 2001

(FFS ONLY)

PROGRAM AND AID CATEGORY	CALENDAR YEAR 2000	CALENDAR YEAR 2001	CHANGE	
			Number	Percent
TOTAL	\$535.00	\$590.84	55.84	10.4
Public Assistance	464.26	525.26	61.00	13.1
Aged	415.38	470.04	54.66	13.2
Blind	766.36	852.35	85.99	11.2
Disabled	680.80	750.55	69.75	10.2
Families	194.57	209.00	14.43	7.4
Medically Needy	859.14	797.15	(61.99)	(7.2)
Aged	1,628.96	1,612.56	(16.40)	(1.0)
Blind	1,954.06	1,980.52	26.46	1.4
Disabled	2,118.09	2,108.52	(9.57)	(0.5)
Families	314.77	323.31	8.54	2.7
Medically Indigent	367.95	452.11	84.16	22.9
Adults	792.69	1,023.82	231.13	29.2
Children	304.85	359.60	54.75	18.0
MI/MN Not Qualified Aliens	754.44	835.58	81.14	10.8
Refugee/Entrant	311.14	334.43	23.29	7.5
100 Percent Poverty	152.75	191.00	38.25	25.0
133 Percent Poverty	127.97	181.39	53.42	41.7
Income Disregard	1,149.69	612.27	(537.42)	(46.7)
Infant	661.54	424.00	(237.54)	(35.9)
Pregnant Woman	1,334.62	665.61	(669.01)	(50.1)
60-Day Postpartum	245.92	278.28	32.36	13.2
Dialysis	763.78	954.99	191.21	25.0
Total Parenteral Nutrition	160.04	102.83	(57.21)	(35.7)
Qualified Medicare Beneficiary	136.00	128.23	(7.77)	(5.7)
Presumptive Eligibility for Pregnant Women	153.00	173.02	20.02	13.1
Medi-Cal Tuberculosis Program	220.94	185.34	(35.60)	(16.1)
Minor Consent	557.52	573.94	16.42	2.9
Not Reported	884.84	897.86	13.02	1.5

Note: FFS = Fee-For-Service.

Figures are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures
Month of Payment Calendar Year Reports.

FEE-FOR-SERVICE (FFS) COST PER SERVICE - TABLE 8

The most frequently used physician service is the outpatient visit, (refer to the California Department of Health Services Medi-Cal Services and Expenditures Month-of-Payment (MOP) report for January-December 2001 available through the Medical Care Statistics Section). In 2001, the Medi-Cal average cost per physician outpatient visit was \$29.94. Outpatient visits include office, emergency room, home, and other outpatient situations.

Physicians' hospital inpatient visits averaged \$59.72 per visit. Visits for long-term care inpatients averaged \$34.39 per visit.

In 2001, the average cost per day of care was \$113.70 for nursing facilities and \$141.71 for intermediate care facilities-developmentally disabled.

After outpatient visits, the second largest expenditure category of physician services is for inpatient hospital surgery. This service has the highest cost rate, \$611.60, for physician's services in 2001.

The average cost per drug prescription was \$66.40 in 2001, an increase of 12.3 percent from the prior year.

The highest cost per service in the Medi-Cal program is hospital inpatient care. The average cost per hospital inpatient day in 2001 was \$1,154.90 for Public Assistance Families and Medically Needy Families aid categories. Those groups accounted for 30.4 percent of total hospital inpatient expenditures in 2001 and were used in Table 8 so that most Medicare/Medi-Cal crossover data could be excluded (refer to January-December 2001 California Department of Health Services MOP report for expenditures). Costs include ancillaries as well as accommodations.

TABLE 8

MEDI-CAL PROGRAM
AVERAGE COST PER SERVICE FOR SELECTED SERVICES
CALENDAR YEARS 2000 AND 2001

(FFS ONLY)

TYPE OF SERVICE	CALENDAR YEAR 2000	CALENDAR YEAR 2001	PERCENT CHANGE
Physicians Services/1/			
Outpatient Visits	\$ 24.44	\$ 29.94	22.5
Hospital Inpatient Visits	48.25	59.72	23.8
Critical Care Visits	101.28	142.17	40.4
Long-Term Care Visits	29.66	34.39	15.9
Ophthalmological Examinations	34.45	44.12	28.1
Inpatient Hospital Surgery	477.37	611.60	28.1
Outpatient Surgery	98.80	142.68	44.4
Psychiatry	46.52	37.12	(20.2)
Immunization and Injection	20.16	25.16	24.8
Drug Prescriptions	59.14	66.40	12.3
Hospital Inpatient Day/2/	1,108.54	1,154.90	4.2
Nursing Facility Day	100.80	113.70	12.8
Intermediate Care Facility-DD Day	128.80	141.71	10.0

/1/ Excludes Medicare/Medi-Cal crossover claims.

/2/ Reflects data for Public Assistance Families and Medically Needy Families only in order to exclude most Medicare/Medi-Cal crossover claims.

Note: FFS = Fee-For-Service.

Figures in parentheses () indicate negative numbers.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports.

FEE-FOR-SERVICE (FFS) PAYMENTS BY PROVIDER TYPE - TABLE 9

In 2001, provider payments averaged \$1.1 billion per month, up 14.3 percent from the prior year's average.

Pharmacy providers received the largest share of the Medi-Cal provider payments. Monthly expenditures for these services increased 19.9 percent from the prior year to \$259.2 million per month.

Nursing Facilities were the second highest paid provider group. Their payments increased 12.8 percent from 2000 to \$218.1 million per month in 2001.

Community Hospitals received \$193.3 million per month in 2001, up 9.5 percent from the prior year.

Payments to County Hospitals averaged \$52.1 million per month during 2001, up 4.6 percent from the prior year.

All of the provider types showed an increase in 2001, except Podiatrist, County Hospital-Outpatient, and Laboratory Facility.

TABLE 9

MEDI-CAL PROGRAM
AVERAGE MONTHLY PAYMENT BY TYPE OF PROVIDER
CALENDAR YEARS 2000 AND 2001

(FFS ONLY)

TYPE OF PROVIDER	CALENDAR YEAR 2000	CALENDAR YEAR 2001	CHANGE	
			Number	Percent
TOTAL	\$933,586,711	\$1,066,729,569	\$133,142,858	14.3
Physician	64,503,556	76,948,274	12,444,718	19.3
Pharmacy	216,073,127	259,166,928	43,093,801	19.9
Dentist	45,697,112	51,326,382	5,629,270	12.3
Optometrist	2,213,328	2,249,350	36,022	1.6
Chiropractor	37,903	80,561	42,658	112.5
Podiatrist	1,263,484	1,142,606	(120,878)	(9.6)
County Hospital	49,791,947	52,058,854	2,266,907	4.6
Inpatient	43,901,402	47,434,984	3,533,582	8.0
Outpatient	5,890,545	4,623,870	(1,266,675)	(21.5)
Community Hospital	176,570,926	193,315,400	16,744,474	9.5
Inpatient	157,409,466	173,414,580	16,005,114	10.2
Outpatient	19,161,461	19,900,821	739,360	3.9
State Hospital	40,124,944	44,878,615	4,753,671	11.8
Nursing Facility	193,415,229	218,134,115	24,718,886	12.8
Intermediate Care Facility-DD	24,118,087	26,825,568	2,707,481	11.2
Home Health Agency	11,018,040	12,283,705	1,265,665	11.5
Laboratory Facility	8,463,346	7,976,877	(486,469)	(5.7)
Medical Transportation	7,629,263	9,150,255	1,520,992	19.9
Rehabilitation Facility	527,214	684,858	157,644	29.9
Organized Outpatient Clinic	29,899,067	38,101,355	8,202,288	27.4
All Other Providers	62,240,138	72,405,866	10,165,728	16.3

Note: FFS = Fee-For-Service.

Averages are rounded independently and may not add to totals.

Figures in parentheses () indicate negative numbers.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports.

FEE-FOR-SERVICE (FFS) COST PER ELIGIBLE BY PROVIDER TYPE - TABLE 10

The average monthly cost per eligible was \$395.33 in 2001.

Pharmacies were the largest expenditure category and had the highest cost per eligible per month at \$96.05, up 13.2 percent from 2000.

Nursing Facilities was the second largest expenditure category at \$80.84 per month, an increase of 6.5 percent from 2000.

Community Hospitals was the third largest expenditure category and its monthly cost per eligible of \$71.64 reflected an increase of 3.4 percent from 2000.

County Hospitals was the fourth largest expenditure category and its monthly cost per eligible of \$19.29 reflected a decrease of 1.3 percent from 2000.

TABLE 10

MEDI-CAL PROGRAM
AVERAGE MONTHLY COST PER ELIGIBLE BY TYPE OF PROVIDER
CALENDAR YEARS 2000 AND 2001
(FFS ONLY)

TYPE OF PROVIDER	CALENDAR YEAR 2000	CALENDAR YEAR 2001	PERCENT CHANGE
TOTAL	\$366.50	\$395.33	7.9
Physician	24.34	28.52	17.2
Pharmacy	84.83	96.05	13.2
Dentist	17.94	19.02	6.0
Optometrist	0.87	0.83	(4.6)
Chiropractor	0.01	0.03	NA
Podiatrist	0.50	0.42	(16.0)
County Hospital	19.55	19.29	(1.3)
Inpatient	17.23	17.58	2.0
Outpatient	2.31	1.71	(26.0)
Community Hospital	69.31	71.64	3.4
Inpatient	61.80	64.27	4.0
Outpatient	7.52	7.38	(1.9)
State Hospital	15.76	16.63	5.5
Nursing Facility	75.93	80.84	6.5
Intermediate Care Facility-DD	9.47	9.94	5.0
Home Health Agency	4.33	4.55	5.1
Laboratory Facility	3.32	2.96	(10.8)
Medical Transportation	3.00	3.39	13.0
Rehabilitation Facility	0.21	0.25	19.0
Organized Outpatient Clinic	11.74	14.12	20.3
All Other Providers	24.43	26.83	9.8

Note: FFS = Fee-For-Service.

Figures in parentheses () indicate negative numbers.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports (Table 9) and MCSS File HCP0112_Benes_by_Managed_Care_Plan_2001_12, created from the December 2001 Month of Eligibility File using a six-month lag (Table 3).

TOTAL MEDI-CAL PROGRAM EXPENDITURES - TABLE 11

Table 11 is the only table showing all types of Medi-Cal program expenditures. The following figures reflect actual budget item expenditures and, as such, are reported here by fiscal (budget) year rather than by calendar year.

Total Medi-Cal expenditures were \$22.31 billion for Fiscal Year (FY) 2000-2001, an increase of 8.2 percent from FY 1999-2000.

The \$12.89 billion in direct fee-for-service provider payments was an increase of 13.8 percent. These expenditures accounted for 57.8 percent of the total expenditures in FY 2000-2001 and 54.9 percent in FY 1999-2000.

Delta Dental (DD) is an at-risk fiscal intermediary providing authorization and payment for virtually all types of Medi-Cal dental services rendered. DD covers all Medi-Cal eligibles except those enrolled in HCPs providing dental care. In FY 2000-2001, the approximate number of Medi-Cal eligibles covered by DD was 4,989,107 million persons per month. Capitation payments totaled \$658.7 million, an increase of 12.6 percent from FY 1999-2000.

Managed Care capitations increased 11.6 percent to \$3.77 billion in FY 2000-2001.

Expenditures for Early Periodic Screening Services decreased 10.2 percent to \$25.9 million in FY 2000-2001. The program provides screening and diagnostic services for all Medi-Cal eligibles under age 21.

The Short-Doyle/Medi-Cal program provides community mental health services to Medi-Cal program eligibles. The \$738.3 million expenditure in FY 2000-2001 reflects an increase of 1.4 percent from the prior fiscal year.

Buy-In is the purchase of Medicare Part A and Part B medical insurance coverage by the Medi-Cal program for those eligibles who are entitled to the coverage. Expenditures for Medicare Part A and Part B Buy-In ran \$933.2 million in FY 2000-2001.

Administration costs include various State departmental expenditures, payments for claims processing operations, and county administrative expenses. In FY 2000-2001, these expenditures increased 7.5 percent from the prior fiscal year. Administration costs accounted for 5.6 percent of total expenditures in FY 2000-2001 and 5.6 percent of total expenditures in 1999-2000.

TABLE 11

TOTAL MEDI-CAL PROGRAM EXPENDITURES BY DATE OF PAYMENT
AND TYPE OF EXPENDITURE
FISCAL YEARS 1999-2000 AND 2000-2001

TYPE OF EXPENDITURE	FISCAL YEAR		PERCENT CHANGE
	1999-2000	2000-2001	
TOTAL (Excluding Administration)	\$20,619,976,700	\$22,314,150,300	8.2
Provider Payments, Fee-For-Service	11,326,817,300	12,891,516,200	13.8
Dental	585,136,700	658,689,000	12.6
Managed Care	3,376,196,400	3,768,288,400	11.6
Early Periodic Screening Services	28,852,900	25,918,000	(10.2)
Miscellaneous Non-Fee-For-Service	1,310,323,500	1,369,283,000	4.5
Short-Doyle/Medi-Cal	728,264,300	738,297,200	1.4
Medicare Buy-In	878,401,600	933,230,700	6.2
Audits and Lawsuits	8,714,400	8,882,900	1.9
Disproportionate Share Hospital (SB 855)	2,542,600,000	2,085,447,300	(18.0)
Recoveries	(165,330,400)	(165,402,400)	0.0
Administration	1,153,335,300	1,239,887,900	7.5

Note: Excludes Interim Payments not yet recovered.

Figures in parentheses () indicate negative numbers.

Expenditures are based on when claim was paid, rather than month of service.

Source: State of California, Department of Health Services, Medi-Cal Assistance Register.

SECTION 4

MEDI-CAL PROVIDER PARTICIPATION

MEDI-CAL PROVIDER PARTICIPATION – TABLE 12

Table 12 shows the total number of selected types of providers and their distribution by amount paid. The figures include out-of-state providers. Physicians include group practices, which are counted as one provider. This understates the physician count, but it is not known how many physicians are practicing in a group.

A county distribution of selected types of providers is given in Table 23A and Table 24.

The majority of providers are in the \$1-\$599, \$600-\$9,999, and \$10,000-\$49,999 payment intervals. However, for Pharmacies, there were more providers in the \$100,000-\$999,999 payment interval.

The large number of acute inpatient hospitals shown on Table 12 reflects the fact that out-of-state hospital billings are included in the data. This is also the reason for the large number who were paid less than \$10,000 each. Table 23A shows that there were 444 acute inpatient hospitals excluding out-of-state or County not reported hospitals.

TABLE 12
MEDI-CAL PROGRAM
NUMBER OF PROVIDERS RECEIVING MEDI-CAL PROGRAM PAYMENTS
BY SELECTED TYPE OF PROVIDER AND AMOUNT PAID
CALENDAR YEAR 2001

SELECTED TYPE OF PROVIDER	TOTAL PROVIDERS	NUMBER OF PROVIDERS BY AMOUNT PAID					
		\$1- \$599	\$600- \$9,999	\$10,000- \$49,999	\$50,000- \$99,999	\$100,000- \$999,999	\$1,000,000 and Over
TOTAL	49,536	8,801	14,037	10,413	3,875	9,721	2,689
INPATIENT PROVIDERS							
ACUTE INPATIENT HOSPITALS	803	34	235	107	28	119	280
LONG TERM CARE FACILITIES	2,307	9	50	91	77	1,175	905
STATE DEVELOPMENTAL CENTERS	7	0	0	1	0	1	5
STATE HOSPITALS-MENTALLY DISORDERED	2	0	0	0	0	0	2
OUTPATIENT PROVIDERS							
ADULT DAY HEALTH CARE CENTERS	224	0	4	11	8	161	40
BIRTHING CENTERS	6	0	1	2	2	1	0
CERTIFIED HOSPICE SERVICE	139	0	17	17	24	69	12
CHRONIC DIALYSIS CLINIC	322	1	12	29	29	208	43
HOME HEALTH AGENCIES	462	23	106	108	50	108	67
LOCAL EDUCATION AGENCIES	443	12	74	133	78	139	7
ORGANIZED OUTPATIENT CLINICS	360	22	68	68	24	148	30
OUTPATIENT HEROIN DETOXIFICATION	51	5	38	7	1	0	0
OUTPATIENT HOSPITAL DEPARTMENTS	989	427	128	81	42	238	73
REHAB CLINICS	91	3	6	36	24	22	0
RURAL HEALTH CLINICS	613	16	24	33	57	384	99
SURGICAL CLINICS	180	28	55	71	15	11	0
OTHER PROVIDERS							
ACUPUNCTURISTS	724	113	390	178	33	10	0
ASSISTIVE DEVICE & SICK ROOM SUPPLY DEALERS	895	76	126	179	102	360	52
AUDIOLOGISTS	215	20	51	76	41	25	2
BLOOD BANKS	6	1	4	0	1	0	0
CHIROPRACTORS	465	261	182	22	0	0	0
CLINICAL LABS	408	60	98	63	35	106	46
DENTISTS	8,324	1,352	2,401	2,109	978	1,444	40
DISPENSING OPTICIANS/OPTICAL LAB	279	30	144	83	15	6	1
HEARING AID DISPENSERS	221	16	84	75	20	25	1
MEDICAL TRANSPORTATION - GROUND AND AIR	550	47	109	121	67	183	23
NURSE ANESTHETISTS	65	9	35	20	0	1	0
NURSE MIDWIVES	86	10	23	28	7	18	0
NURSE PRACTITIONERS - FAMILY AND PEDIATRIC (SOLO & GROUP)	46	11	16	8	3	8	0
OCCUPATIONAL THERAPISTS	24	12	8	3	1	0	0
OPTOMETRISTS (SOLO & GROUP)	1,790	333	807	521	97	32	0
ORTHOTISTS	30	3	16	4	1	6	0
PHARMACIES/PHARMACISTS	5,249	136	351	641	480	2,800	841
PHYSICAL THERAPISTS	98	47	28	21	1	1	0
PHYSICIANS (SOLO & GROUP)	21,860	5,391	7,843	5,192	1,472	1,845	117
PODIATRISTS	946	267	418	197	36	28	0
PORTABLE X-RAY	26	7	11	4	2	2	0
PROSTHETISTS	126	7	31	46	14	26	2
SPEECH THERAPISTS	104	12	43	27	10	11	1

Note: Includes out-of-state providers. Physician group practices, Optometric group practices, and Nurse Practitioner group practices are counted as one provider.

Source: State of California, Department of Health Services, Medi-Cal Fee-For-Service and Delta Dental Paid Claims.

Source: State of California, Department of Health Services, Medi-Cal Provider Master File (PS-F-001).

Source: State of California, Department of Health Services, Medi-Cal Provider Financial Master File (PS-F-121).

SECTION 5
MEDI-CAL CAPITATED HEALTH SYSTEMS

HEALTH CARE PLAN CAPITATION PAYMENTS - TABLE 13

A Health Care Plan is an organized system which provides comprehensive health care services to an enrolled population.

Under Section 14200 et seq., of the Welfare and Institutions (W&I) Code, the Medi-Cal Program beneficiaries may be required to enroll in one of two or more Managed Care plans as an alternative to the Medi-Cal Fee-For-Service (FFS) system. Under this authority, the Department of Health Services contracts with Health Care Plans (HCPs) and pilot projects to provide comprehensive, managed care in specified areas of the State on a prepaid, at-risk basis. Under Federal Law, California's HCPs are the equivalent of Health Maintenance Organizations (HMOs).

HCPs are reimbursed at a per-person, per-month FFS equivalent Medi-Cal cost.

Payments shown in this report are obtained from the Managed Care Financial Worksheets. This includes all dollars, initial capitation, "net changes" from previous months, adjustments, and retroactive payments, but excludes advance payments. Special Projects include plans providing care to the elderly and AIDS beneficiaries.

During 2001, \$2.87 billion in capitation payments were made to Health Care Plans by the Medi-Cal program. This was \$486.0 million (or 20.4 percent) more than was paid in the prior year, (see Annual Statistical Report for calendar year 2000).

Los Angeles County capitation payments were up \$265.1 million from the \$1.10 million paid by the Medi-Cal program during Calendar Year 2000, (see Annual Statistical Report for calendar year 2000).

Sacramento County capitation payments accounted for \$192.1 million (up \$32.4 million from the prior year, see Annual Statistical Report for calendar year 2000).

During 2001, Medi-Cal had contracts with HCPs in 18 counties.

TABLE 13

MEDI-CAL PROGRAM
TOTAL MANAGED CARE CAPITATION PAYMENTS EXCLUDING COHS PLANS
CALENDAR YEAR 2001

COUNTY	SUM OF MANAGED CARE PAYMENTS BY TYPE					
	TOTAL	2-Plan/GMC	FFS-MCN	PCCM	PHP	SPECIAL PROJECTS
Alameda	\$141,488,545	\$132,004,573			\$9,483,972	
Contra Costa	56,608,025	56,482,286			125,739	
Fresno	168,392,410	168,392,410				
Kern	104,540,966	104,540,966				
Los Angeles	1,365,175,103	1,348,994,713			3,806,439	\$12,373,951
Marin	495,098				495,098	
Placer	314,258		\$314,258			
Riverside	127,163,427	123,908,517				3,254,910
Sacramento	192,052,802	187,298,350			4,754,452	
San Bernardino	176,337,934	174,287,878				2,050,056
San Diego	177,557,644	177,557,644				
San Francisco	90,633,557	58,402,058			29,336,356	2,895,143
San Joaquin	75,068,910	75,068,910				
Santa Clara	92,049,582	92,049,582				
Sonoma	1,710,354		718,226		992,128	
Stanislaus	33,840,313	33,840,313				
Tulare	68,433,543	68,433,543				
Yolo	46,711			\$46,711		
Total	\$2,871,909,182	\$2,801,261,743	\$1,032,484	\$46,711	\$48,994,184	\$20,574,060

Note: This includes all dollars, initial capitation, "net changes" from previous months, adjustments, and retroactive payments, but excludes advance payments. Prior figures in the Annual Statistical Report included just initial payments for the Two-Plan/GMC plans.

"Special Projects" include plans providing care to the elderly and AIDS beneficiaries.

Source: State of California, Department of Health Services, Managed Care Financial Worksheets.

HEALTH CARE PLAN ENROLLMENT - TABLE 14

An average of 2,408,383 Medi-Cal eligibles were enrolled in Health Care Plans (HCPs) each month of 2001. The enrollment increased 11.6 percent from the 2,158,642 persons enrolled in the prior year.

Los Angeles County had the greatest number of managed care enrollees in 2001, 1,159,650 (48.2 percent of the total).

San Diego County, with a monthly average of 160,810 enrollees in 2001, was the only other county with at least 7 percent of the total enrollment.

TABLE 14

MEDI-CAL PROGRAM
AVERAGE MONTHLY MANAGED CARE BENEFICIARIES EXCLUDING COHS PLANS
CALENDAR YEAR 2001

COUNTY	AVERAGE MONTHLY BENEFICIARIES					
	TOTAL	2-Plan/GMC	FFS-MCN	PCCM	PHP	SPECIAL PROJECTS
Alameda	95,856	95,582				274
Contra Costa	44,739	44,735				4
Fresno	144,651	144,651				
Kern	86,155	86,155				
Los Angeles	1,159,650	1,157,765				1,885
Marin	249				249	
Placer	11,386		11,386			
Riverside	110,703	110,412				291
Sacramento	158,330	158,165				165
San Bernardino	152,579	152,383				196
San Diego	160,810	160,810				
San Francisco	41,463	40,512				951
San Joaquin	63,193	63,193				
Santa Clara	63,094	63,094				
Sonoma	26,660		26,023		637	
Stanislaus	27,878	27,878				
Tulare	60,870	60,870				
Yolo	117			117		
Total	2,408,383	2,366,205	37,409	117	886	3,766

Note: "Special Projects" include plans providing care to the elderly and AIDS beneficiaries.

Counties that are not Managed Care plans, are not included in this table.

Source: State of California, Department of Health Services, Managed Care Division, Monthly Enrollment Report FFS-MCN.

State of California, Department of Health Services, MCSS File HCP0112 Benes by Managed Care Plan 2001-12, created from the December 2001 Month of Eligibility File using a six-month lag.

COUNTY ORGANIZED HEALTH SYSTEMS - TABLE 15

County Organized Health Systems (COHS) are prepaid by the Medi-Cal program on a capitated, at-risk basis. COHSs are responsible for providing authorization and payment for most non-dental, Medi-Cal services rendered to Medi-Cal eligibles residing in their respective counties.

The COHS estimated eligibles and estimated payments shown in this report are obtained from the Rate Sheet for Managed Care Plans and the Medi-Cal Eligibility Data System Summary File.

In 2001 there were COHS in eight counties (Monterey, Napa, Orange, San Mateo, Santa Barbara, Santa Cruz, Solano and Yolo Counties).

An average of 459,089 Medi-Cal eligibles were enrolled in COHS each month of 2001. The enrollment increased 13.6 percent from the average of 404,146 persons eligible each month in 2000.

During 2001, \$1.25 billion in capitation payments were made to COHS by the Medi-Cal program. This was \$228.4 million or 22.4 percent more than the \$1.02 billion paid in 2000. Please refer to the Annual Statistical Report for calendar year 2000.

The Santa Barbara Health Initiative (SBHI) was effective September 1, 1983. A total of \$122.2 million in capitation payments were made for an average of 44,604 monthly eligibles during 2001.

The Health Plan of San Mateo (HPSM) was effective December 1, 1987. A total of \$90.4 million in capitation payments were made for an average of 38,463 monthly eligibles during 2001.

The Partnership HealthPlan of California (PHC), in Solano County was effective May 1, 1994. A total of \$120.8 million in capitation payments were made for an average of 40,744 monthly eligibles during 2001.

The PHC, in Napa County was effective March 1, 1998. A total of \$33.6 million in capitation payments were made for an average of 8,332 eligibles during 2001.

The CalOPTIMA in Orange County, was effective October 1, 1995. A total of \$645.6 million in capitation payments were made for an average of 238,312 monthly eligibles.

The Central Coast Alliance for Health in Santa Cruz County was effective January 1, 1996. A total of \$69.1 million in capitation payments were made for an average of 22,877 monthly eligibles during 2001.

The Central Coast Alliance for Health in Monterey County was effective October 1, 1999. A total of \$116.6 million in capitation payments were made for an average of 48,003 monthly eligibles.

The PHC, in Yolo County was effective in March 2001. A total of \$51.1 million in capitation payments were made for an average of 17,754 monthly eligibles during 2001.

TABLE 15

MEDI-CAL PROGRAM
ESTIMATED AVERAGE MONTHLY COUNTY ORGANIZED HEALTH SYSTEMS
ELIGIBLES AND TOTAL ANNUAL CAPITATION PAYMENTS BY COUNTY
CALENDAR YEAR 2001

(COHS ONLY)

COUNTY	ESTIMATED AVERAGE MONTHLY ELIGIBLES	ESTIMATED TOTAL ANNUAL CAPITATION PAYMENTS
TOTAL	459,089	\$1,249,258,978
Monterey	48,003	116,558,098
Napa	8,332	33,586,223
Orange	238,312	645,555,061
San Mateo	38,463	90,411,185
Santa Barbara	44,604	122,184,186
Santa Cruz	22,877	69,108,145
Solano	40,744	120,796,450
Yolo	17,754	51,059,630

Note: COHS = County Organized Health Systems.

Figures may differ from previously published reports.

Capitation payments do not include excess risk liability payments, adjustments for enrollees with AIDS, or retroactive adjustments made after March 2002. For Fiscal Year 2000-2001, excess risk liability payments are not complete at this time.

Source: State of California, Department of Health Services, Rate Sheet for Managed Care Plans and MEDSSUM File dated April 2002.

CalOPTIMA

CalOPTIMA is a Medi-Cal County Organized Health System, in Orange County under contract to the State, and is designed to provide a more economical organization of health care resources on a case management basis.

All services authorized for Medi-Cal reimbursement will be provided through CalOPTIMA with the following exceptions: services authorized by the California Children's Services program for the diagnosis and treatment of the CCS eligible condition of a specific member; dental services, as defined in Table 22, CCR, Section 51059; Short-Doyle/Medi-Cal (SD/MD) and Medi-Cal fee-for-service mental health services, including psychiatric inpatient services and outpatient mental health services provided by mental health professionals; alcohol and drug treatment services available under the (SD/MD) program as defined in Title 22, CCR, Section 51341(a) and (c) and outpatient heroin detoxification as defined in Title 22, CCR, Section 51328; services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001; services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part I of Division 8.5 of the Welfare and Institutions code; or Home and Community Based Care waived services as defined in Title 22, CCR, Section 51176; Local Education Authority (LEA) services as described in Title 22, CCR, Section 51360 when provided pursuant to an Individual Education Plan (IEP) or Individual Family Services Plan (IFSP); LEA assessment services as described in Title 22, CCR, Section 51360(b)(1) for eligible students; services rendered in a state or federal hospital; laboratory services provided under the state Serum Alpha-fetoprotein Testing Program administered by the Genetic Disease Branch of the Department of Health Services; fabrication of Optical Lenses; and Targeted Case Management Services as specified in Title 22, CCR, Section 51351.

CalOPTIMA

<u>Aid Group</u>	<u>Aid Code</u>
Adult	81, 86, 87
Aged	10, 14, 16, 17, 18
Child	4K, 5K, 7J, 3, 4, 45, 82, 83
Disabled	6A, 6C, 6H, 6N, 6P, 6R, 6V, 6W, 6X, 6Y, 20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68
Family	3A, 3C, 3P, 3R, 1, 2, 8, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, 0A, 3E, 3G, 3H, 3L, 3M, 3N, 3U, 4C, 4F, 4G, 5X, 7X
Long Term Care	13, 23, 63, 53
Percent of Poverty	47, 72, 7A, 8P, 8R

Estimated capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

SANTA BARBARA HEALTH INITIATIVE (SBHI)

The Santa Barbara Health Initiative (SBHI) is a Medi-Cal County Organized Health System administered by Santa Barbara Regional Health Authority under contract to the State. This program provides health care services on a case management basis.

All services authorized for Medi-Cal reimbursement are provided through the Santa Barbara Health Initiative with the following exceptions: Services in any Federal or State governmental hospital; services rendered under California Children's Services (CCS) case management and not reimbursable under the State's Title XIX program; Child Health and Disability Prevention (CHDP) services to eligibles under 21 years of age provided in accordance with the provisions of Title 17, California Code of Regulations (CCR), Section 6800, et seq.; dental services, as defined in Title 22, CCR, Section 51059; Specialty Mental Health and Short-Doyle/Medi-Cal mental health services; Adult Day Health Care; laboratory analysis and reporting under the State serum alpha-fetoprotein testing program administered by the Genetic Disease Branch of the State Department of Health Services; the facility or per diem charge component of services rendered to covered beneficiaries 21 to 64 years of age institutionalized in a Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accredited facility designated by the United States Department of Health and Human Services (DHHS) as an Institution for the Mentally Disordered (IMD), except for covered beneficiaries who were receiving such services before turning 21 years of age and who may continue to require such services, in which case coverage may be extended until the beneficiary's 22nd birthday; and the facility or per diem charge component of services rendered to covered beneficiaries 64 years of age and under, institutionalized in a non-JCAHO accredited facility designated by DHHS as an IMD.

- Specialty Mental Health Services including psychiatric inpatient services and outpatient mental health services provided by psychologists or psychiatrists, or by Specialty Mental Health providers under the EPSDT program. However, as specified in Article V, Section F 2(g), or the Contract, the Authority is responsible for all mental health drugs.
- Short-Doyle Drug Medi-Cal Substance Abuse Services as defined in Title 22, CCR, Section 51341.1. However, outpatient heroin detoxification is a Covered Service under this Contract.

Currently, all recipients with an identification number beginning with county code 42 (Santa Barbara County) with the exception of Aid Codes 07, 7C, 44, 48, 49, 51, 52, 55, 56, 57, 58, 69, 70, 74, 75, and 79 who are eligible to receive medical benefits under Medi-Cal or as Medicare/Medi-Cal crossovers are served through the Santa Barbara Health Initiative.

Estimated capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

For the period August 1, 2001 through December 21, 2001, the payments shall be made in accordance with the following schedule of rates.

Family: 0A, 01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39,
40, 42, 54, 59, 3A, 3C, 3E, 3G, 3H, 3L, 3M,
3N, 3P, 3R, 3U, 4M, 5X, and 7X

Disabled: 20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68,
6A, 6C, 6H, 6N, 6P, 6V, 6W, 6X, and 6Y

Aged: 10, 14, 16, 17, 18, and 1H

Child: 03, 04, 45, 82, 83, 4C, 4K, 5K, and 7J

Adult: 81, 86, and 87

Long Term Care: 13, 23, 53, and 63

Percent of Poverty: 7A, 47, 72, 8P, and 8R

PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)

The Partnership HealthPlan of California (PHC) is a Medi-Cal County Organized Health System, under contract to the State, which is designed to provide a more economical organization of health care resources on a case management basis for most Medi-Cal recipients residing in Solano, Napa, and Yolo Counties.

Nearly all services authorized for Medi-Cal reimbursement will be provided through the Partnership HealthPlan of California with the following exceptions: Dental services, as defined in Title 22, California Code of Regulations (CCR), Section 51059, 51307 and 51340.1; Short-Doyle/Medi-Cal mental health services as defined in Title 22, CCR, Section 51341; Short-Doyle Drug Medi-Cal Substance Abuse Services as defined by Title 22, CCR, Section 51341.1; Laboratory analysis and reporting under the State serum alpha-fetoprotein testing program administered by the Genetic Disease Branch of the State Department of Health Services; services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001, et seq.; services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part 1 of Division 8.5 of the Welfare and Institutions Code; home and community-based care waived services as described in Title 22, CCR, Section 51346; Local Education Authority (LEA) services described in Title 22, CCR, Section 51360 when provided pursuant to an Independent Education Plan (IEP) or Individual Family Services Plan (IFSP); LEA assessment services as described in Title 22, CCR, Section 51360(b)(1) for eligible students; services rendered in a State or Federal hospital; fabrication of optical lenses for Solano, Napa, and Yolo County Medi-Cal beneficiaries only; specialty mental health services (contractor is responsible for all mental health drugs for Solano County only). The plan changed its name on January 1, 1998. It expanded into Napa County on March 1, 1998, and into Yolo County on March 1, 2001. What this all means is that mental health (Specialty Mental Health Services including psychiatric inpatient and outpatient services provided by psychologists, psychiatrists, or by Specialty Mental Health providers under the EPSDT program) is carved out of the contract for Napa and Yolo beneficiaries only. Mental health services (Specialty Mental Health) is carved in for Solano County beneficiaries.

Currently, all recipients with a Medi-Cal identification number beginning with county codes 48 (Solano County), 28 (Napa County), and 57 (Yolo County) with the following Aid Codes receive medical services through the Partnership HealthPlan of California:

Aged:	10, 14, 16, 17, 18 and IH
Disabled:	20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68, 6A, 6C, 6H, 6N, 6P, 6R, 6V, 6W, 6X, and 6Y
Family:	01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, 0A, 3A, 3C, 3G, 3H, 3E, 3L, 3M, 3N, 3P, 3R, 3U, 4F, 4G, 4M, 5X, and 7X (effective December 1, 1998)

Child: 03, 04, 45, 82, 83, 4A, 4C, 4K, 5K, and 7J

Adult: 81, 86, and 87

Long Term Care: 13, 23, 53, and 63

IRCA/OBRA: 55, 58, 5F, 5G, and 5N

Percent of Poverty: 47, 72, 7A, 8P, and 8R (effective December 1, 1998)

Estimated capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

HEALTH PLAN OF SAN MATEO (HPSM)

The Health Plan of San Mateo (HPSM) is a Medi-Cal County Organized Health System, under contract to the State, which is designed to provide a more economical organization of health care resources on a case management basis.

All services authorized for Medi-Cal reimbursement will be provided through the Health Plan of San Mateo with the following exceptions: Services rendered in any Federal or State governmental hospital ("State hospital" does not mean county hospital); Child Health and Disabilities Prevention (CHDP) services which are those health care services for eligibles under 21 years of age, and provided in accordance with Title 17, California Code of Regulations (CCR), Section 6800, et seq.; dental services, as defined in Title 22, CCR, Section 51059; Short-Doyle/Medi-Cal drug services; all specialty mental health services, long term care services rendered by skilled nursing and intermediate care facilities; services rendered under the Adult Day Health Programs pursuant to Title 22, CCR, Section 54001, et seq.; services rendered under the Multipurpose Senior Services Program pursuant to Chapter 5 (commencing with Section 9400) of Part 1 of Division 8.5 of the Welfare and Institutions Code; and home or community-based services as defined in Title 22, CCR, Section 51176.

OBRA/IRCA recipients in San Mateo County began receiving services through the Health Plan of San Mateo (HPSM), effective September 1, 1993.

Currently, all recipients with an identification number beginning with county code 41 (San Mateo County) with the exceptions of aid codes 07, 7C, 44, 48, 49, 50, 69, 70, 74, 75, 79 and 80, who are eligible to receive medical benefits under Medi-Cal or as Medicare/Medi-Cal crossovers are served through the Health Plan of San Mateo.

Aged:	10, 14, 16, 17, 18, and 1H
Disabled:	20, 24, 26, 27, 28, 60, 64, 65, 66, 67, 68, 6A, 6C 6N, 6P, 6R, 6V and 6W, 36, 6H, 6X, and 6Y
Family:	01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, OA, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 5X, 7X, 4C, 4F, 4G, and 4M
Child:	03, 04, 45, 82, 83, 4K, 5K, 4A and 7J
Adult:	81, 86, and 87
Long Term Care:	13, 23, 53, and 63
IRCA/OBRA:	55, 58, 5F, 5G, and 5N
Percent of Poverty:	47, 72, 7A, 8P, and 8R (effective December 1, 1998)

Estimated capitation payments do not include payments made to County Organized Health Systems for AIDs and excess risk liability claims.

CENTRAL COAST ALLIANCE FOR HEALTH (CCAFH)

The Central Coast Alliance for Health (CCAFH), formerly called Santa Cruz County Health Options, is a Medi-Cal County Organized Health System administered by the Santa Cruz –Monterey Managed Medical Care Commission, under direct contract with the State. The program provides health care on a managed care basis. Monterey County joined Santa Cruz in October 1999, when CCAFH adopted its current name.

All services within the scope of the Medi-Cal program are provided through CCAFH with the following exceptions: services authorized by the California Children Services (CCS) program for diagnosis and treatment of the CCS eligible condition of the specific member; dental services; mental health services, including psychiatric inpatient services and outpatient mental health services provided by mental health professionals; alcohol and drug treatment services available under the Short-Doyle/Medi-Cal program, and outpatient heroin detoxification; services rendered under the Adult Day Health Programs; services rendered under the Multipurpose Senior Services Program; home and community-based care waived services; Local Education Authority (LEA) services when provided pursuant to an Individual Education Plan or Individual Family Services Plan; LEA assessment services for eligible students; services rendered in a State or Federal hospital; laboratory services provided under the State serum alpha-fetoprotein testing program administered by the Genetic Disease Branch of the Department of Health Services; optical lenses and services provided by the Prison Industries Authority State contract; and Targeted Case Management services.

CCAFH serves all Medi-Cal recipients and Medicare/Medi-Cal eligible recipients who have Medi-Cal Identification numbers with county codes 27 (Monterey County) and 44 (Santa Cruz County) and eligibility under one of the following aid codes:

<u>Category</u>	<u>Aid Codes</u>
Adult:	81, 86, and 87
Aged:	10, 14, 16, 17, 18, and 1H
Child:	03, 04, 45, 82, 83, 4A, 4K, 5K, and 7J
Disabled:	20, 24, 26, 27, 28, 36, 60, 64, 65, 66, 67, 68, 6A, 6C, 6H, 6N, 6P, 6R, 6V, 6W, 6X, and 6Y
Family:	01, 02, 08, 30, 32, 33, 34, 35, 37, 38, 39, 40, 42, 54, 59, 0A, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U, 4C, 4F, 4G, 4M, 5X, and 7X
Long Term Care:	13, 23, 53, and 63
Percent of Poverty:	47, 72, 7A, 8P, and 8R

Capitation payments do not include payments made to County Organized Health Systems for excess risk liability claims.

SECTION 6

MEDICARE PART A AND PART B BUY-IN ACTIVITY

SECTION 6

MEDICARE PART A AND PART B BUY-IN ACTIVITY – TABLE 16

Medicare, a medical insurance program, and Medi-Cal, a medical assistance program, together work to pay the medical bills of certain needy and low-income persons. The Medi-Cal Buy-In program purchases Medicare Part A and Part B Supplementary Medical Insurance (SMI) for program eligibles who are entitled to the coverage.

Table 16 is included to show the number of Medi-Cal eligibles who were also eligible for Medicare Part A and Part B SMI coverage and for whom Medi-Cal paid the enrollment premium (bought in for). Part A SMI benefits include hospital inpatient services.

Medi-Cal paid the monthly Medicare Part A enrollment premium for an average of 119,256 persons (93,086 aged and 26,170 disabled). The monthly premiums averaged \$38.6 million.

Part B SMI benefits include physicians' medical and surgical services, outpatient hospital services, outpatient physical therapy and speech pathology services, durable medical equipment, services from independent laboratories, ambulance services, home health care, and a number of other health services and supplies. In addition to paying the monthly enrollment premium for eligible persons, Medi-Cal pays the annual deductible and the portion of covered medical costs that Medicare does not pay.

In 2001, Medi-Cal paid the Medicare Part B enrollment premium for an average of 494,683 aged persons each month. The monthly premiums for this group averaged \$25.7 million.

Medi-Cal paid the monthly Medicare Part B enrollment premium for 352,839 disabled persons with premiums averaging \$18.3 million per month. The Disabled category includes persons in the Disabled or Blind aid categories.

Table 16

Medi-Cal Program
Medicare Part A and Part B Buy-In Activity:
Average Monthly number of Medi-Cal Eligibles and
Average Monthly Premium Payment
Calendar Year 2001

ELIGIBILITY CATEGORY	PART A		PART B/1/	
	ELIGIBLES	PREMIUM	ELIGIBLES	PREMIUM
TOTAL	119,256	\$38,537,744	847,522	\$43,956,354
Aged	93,086	INA	494,683	25,656,515
Blind/Disabled*	26,170	INA	352,839	18,299,839

INA: Information Not Available.

/1/: Includes Part A.

Note: Figures are rounded independently and may not add to totals.

* Category name has been changed to include blind. The data has always included disabled.

Source: State of California, Department of Health Services, Buy-In Reports.

SECTION 7
COUNTY DATA

SECTION 7

COUNTY DATA

[Table 17](#) shows the number of Medi-Cal eligibles, including Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs), by age group and sex, for October 2001.

Males comprise 42.0 percent of the Medi-Cal eligibles. 62.4 percent of all male eligibles are under age 21, 27.4 percent are of ages 21 to 64, and 10.2 percent are 65 and older.

Fifty-eight percent of eligibles are females. 46.0 percent are under age 21, 40.1 percent are of ages 21 to 64, and 13.9 percent are 65 and older.

[Table 18](#) shows the average monthly number of persons eligible for Medi-Cal in each county by program and aid category, excluding COHS, HCPs, and the Presumptive Eligibility for Pregnant Women Program.

Los Angeles County accounted for 32.7 percent of the FFS eligibles in the Public Assistance aid category. The Public Assistance aid category represents 49.8 percent of all FFS eligibles.

[Table 19](#) reports average monthly number of users by program and aid category, excluding COHS and HCPs. Division of Table 19 by Table 18 will give proportion of eligibles using Medi-Cal services, or the utilization rate.

Los Angeles County accounted for 34.4 percent of the users. Los Angeles county's utilization rate of 63.4 percent was 3.5 percentage points lower than the statewide average of 66.9 percent.

[Table 20](#) is a companion to the two preceding tables. Cost per user can be obtained by dividing Table 20 by Table 19, while division by Table 18 gives cost per eligible.

Los Angeles County accounted for 36.7 percent of the statewide total expenditures. The County's annual cost per user was \$7,568. Los Angeles County's annual cost per eligible was \$4,796.

[Table 21](#) shows average monthly number of users by type of provider. Utilization rates for the various services can be obtained by dividing the number of users in Table 21 by the county total eligibles of Table 18.

For example, the statewide utilization rate for physician services was 19.6 percent, or approximately 19.6 out of every 100 eligibles used this service each month. The Los Angeles County utilization rate for physician services was 20.8 percent.

[Table 22](#) is a companion to Table 21. Cost per user by type of provider can be derived from the two tables.

For example, Los Angeles County's annual cost per user of physician services was \$1,928, which was 10.2 percent higher than the statewide average of \$1,749.

Physician services accounted for 7.2 percent of total expenditures statewide and 8.4 percent of expenditures in Los Angeles County.

[Table 23A](#) shows the number of inpatient hospitals, long term care facilities, and

psychiatry, pathology, etc.) is included in the “All Other” column. Most of the decline in provider participation is due to the transition to Managed Care.

The number of physicians is understated. Due to the billing procedures used in the Medi-Cal program, the number of physicians practicing in groups is not known. A group is counted as only one physician throughout this table.

Forty-six percent of the physicians billing the program were primary care physicians.

The physicians and physician groups that make up the primary care physician category are general/family practice (18.8 percent), internal medicine (14.0 percent), OB-GYN (7.4 percent, and pediatric specialty (5.9 percent).

[Table 23B](#) shows providers per 1,000 Fee-For-Service (FFS) eligibles. In this table we can see that most providers have maintained a stable relationship to FFS eligibles over the 1999-2001 period. General Practice, All Other, Dentists, and Pharmacies are the only provider categories to consistently decline.

[Table 24](#) shows the county distribution of selected providers receiving Medi-Cal program payments. These are provider types whose total numbers are high enough to provide a functional county distribution for this table.

[Table 24](#) shows no selected providers for Alpine County. This is due to the low Medi-Cal enrollment (208 eligibles) and relatively small county population (1,190 people).

[Table 25](#) shows the population and Medi-Cal eligibles (including FFS, COHS, and HCPs) for each county.

Los Angeles County accounted for 28.3 percent of the population and 22 percent of the eligibles, followed by Orange County accounting for 8.4 percent of the population and 9.6 percent of the eligibles, and San Diego County accounting for 8.4 percent of the population and 10.6 percent of the eligibles.

[Table 26](#) shows the number of persons certified eligible for Medi-Cal (including FFS, COHS, and HCPs) by county and race/ethnicity in October 2001.

In terms of percentages, 45.4 percent of the Medi-Cal eligibles were reported as Hispanic, 24.6 percent as White, 12.1 percent as Black, 13.0 percent as Asian/Pacific Islander, 0.5 percent American Indian/Alaskan Native, and 4.4 percent as Not Reported race/ethnicity category.

[Table 27](#) shows the number of providers by provider type and status. As of December 31, 2001, there were 80,719 providers with Active Status, 259,872 providers with Inactive Status, 362 providers with Pending Status, 3,812 providers with Deceased Status, 3,322 providers with Suspended Status, 62,513 providers with Indirect Status, and 267 providers with Contract Status.

Please Note: The paid claims data on Tables 19-25 (Users and Payments) are limited for counties with Medi-Cal Managed Care populations due to the fact that not all covered services are reimbursed on a per claim basis.

TABLE 17

MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE
TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)
TOTAL BOTH SEXES
OCTOBER 2001
(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
STATEWIDE	5,737,141	3,035,418	205,314	198,767	176,838	170,023	167,857	170,025	166,354	162,406	159,785	157,580
Alameda	185,320	87,898	5,562	5,068	4,572	4,489	4,588	4,532	4,504	4,478	4,563	4,645
Alpine	235	126	7	4	10	10	5	6	12	5	1	7
Amador	2,778	1,343	74	71	74	64	75	80	71	69	59	60
Butte	42,629	21,285	1,110	1,074	1,082	1,086	1,028	1,088	1,093	1,076	1,070	1,080
Calaveras	4,990	2,449	105	106	121	103	120	103	122	104	119	108
Colusa	4,089	2,205	200	175	127	115	109	115	103	108	108	107
Contra Costa	88,828	44,103	3,257	2,772	2,476	2,406	2,288	2,373	2,369	2,256	2,214	2,226
Del Norte	6,866	3,446	164	185	170	196	196	164	175	160	178	171
El Dorado	12,053	5,810	467	369	300	285	294	289	268	278	264	282
Fresno	233,221	135,442	8,658	8,179	7,612	7,459	7,281	7,181	7,151	7,205	7,119	7,142
Glenn	5,587	3,037	219	193	158	193	156	158	153	142	142	157
Humboldt	23,789	11,160	727	593	586	618	560	543	526	556	520	531
Imperial	41,496	20,534	1,118	1,150	1,001	987	1,026	954	985	964	1,014	1,063
Inyo	2,558	1,228	97	69	78	70	51	82	67	65	57	54
Kern	157,276	89,115	6,051	5,729	5,243	5,120	4,908	5,039	4,770	4,875	4,748	4,689
Kings	25,656	14,746	1,113	969	858	847	839	830	757	696	774	737
Lake	13,723	6,201	320	320	312	282	281	318	306	312	294	335
Lassen	4,620	2,327	120	132	121	115	121	115	109	100	114	127
Los Angeles	2,233,136	1,189,298	66,576	78,637	71,537	68,519	68,554	69,517	68,271	66,531	64,847	63,849
Madera	29,194	16,458	1,353	1,095	1,037	1,027	967	931	822	869	848	767
Marin	12,352	4,762	471	394	295	259	241	250	224	221	209	215
Mariposa	2,124	1,066	67	51	53	53	47	52	42	57	63	57
Mendocino	16,867	8,418	595	512	444	433	432	454	432	428	357	380
Merced	61,606	35,276	1,870	2,225	1,949	1,841	1,902	1,872	1,894	1,862	1,914	1,825
Modoc	1,848	928	39	35	46	47	47	42	40	36	40	59
Mono	884	506	67	44	26	26	32	28	16	16	21	22
Monterey	60,598	33,403	3,413	2,535	2,067	1,873	1,897	1,791	1,724	1,566	1,661	1,562
Napa	10,201	4,898	475	368	287	287	250	251	267	219	215	227
Nevada	6,964	3,092	228	200	154	175	148	147	131	148	129	162
Orange	293,352	156,313	16,311	12,726	10,086	9,324	8,985	9,213	8,669	8,233	7,818	7,603

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

OCTOBER 2001

(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
Placer	16,009	7,359	588	477	408	406	356	383	417	380	350	369
Plumas	2,563	1,180	64	59	64	49	51	56	55	74	61	51
Riverside	222,978	128,782	10,768	8,927	7,716	7,412	7,360	7,321	6,979	6,865	6,616	6,409
Sacramento	246,176	134,228	7,156	7,321	6,970	6,876	6,805	7,110	7,365	7,086	7,489	7,273
San Benito	5,573	3,000	308	233	203	186	151	157	144	163	133	145
San Bernardino	308,232	180,519	13,188	11,343	10,616	10,136	10,070	10,078	10,152	9,919	9,639	9,577
San Diego	316,649	167,508	12,869	10,776	9,327	9,024	9,068	9,339	9,365	9,146	8,839	8,840
San Francisco	113,027	36,558	2,461	2,184	1,879	1,806	1,790	1,822	1,817	1,789	1,809	1,793
San Joaquin	116,413	63,629	4,343	3,700	3,412	3,334	3,305	3,371	3,283	3,221	3,178	3,211
San Luis Obispo	24,728	12,032	951	803	661	636	599	646	654	562	555	582
San Mateo	46,766	20,280	2,222	1,819	1,340	1,206	1,129	1,127	992	983	963	913
Santa Barbara	53,305	29,148	2,798	2,355	1,753	1,818	1,604	1,669	1,567	1,451	1,409	1,347
Santa Clara	160,177	70,391	5,956	4,934	3,964	3,843	3,509	3,586	3,363	3,451	3,484	3,225
Santa Cruz	26,783	13,333	1,433	1,067	828	745	716	732	625	603	625	589
Shasta	33,527	16,173	964	739	797	778	807	813	794	818	806	810
Sierra	384	176	9	10	8	8	7	8	10	5	4	8
Siskiyou	9,090	4,274	232	220	208	190	187	215	190	191	177	197
Solano	44,613	22,898	1,647	1,505	1,359	1,211	1,235	1,229	1,164	1,147	1,198	1,128
Sonoma	37,241	17,465	1,816	1,313	1,038	970	908	936	863	810	803	780
Stanislaus	95,187	50,591	3,286	3,067	2,896	2,761	2,658	2,825	2,698	2,601	2,514	2,555
Sutter	15,568	7,895	553	521	427	461	433	369	401	400	406	417
Tehama	12,001	6,090	341	338	331	302	297	351	308	310	327	315
Trinity	2,290	1,032	53	38	42	48	36	57	54	43	52	53
Tulare	112,534	64,706	4,719	4,247	3,715	3,623	3,551	3,500	3,404	3,275	3,363	3,334
Tuolumne	6,549	3,027	178	159	147	149	163	167	149	143	156	134
Ventura	83,642	44,772	4,269	3,354	2,731	2,622	2,508	2,492	2,303	2,235	2,262	2,108
Yolo	23,934	12,409	798	798	641	630	666	657	689	642	631	680
Yuba	16,362	9,090	510	480	475	484	460	491	476	458	456	488

TABLE 17 (Continued)

MEDI-CAL PROGRAM
 PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE
 TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)
 TOTAL BOTH SEXES
 OCTOBER 2001
 (COHS, PHPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
STATEWIDE	154,927	148,315	136,902	129,276	121,131	115,760	112,034	107,307	100,275	90,210	84,332
Alameda	4,539	4,404	4,249	4,134	3,881	3,531	3,544	3,594	3,284	3,084	2,653
Alpine	3	6	11	7	4	7	7	3	6	2	3
Amador	72	82	70	68	69	65	47	55	45	41	32
Butte	1,071	1,141	1,152	1,060	973	970	944	885	824	776	702
Calaveras	132	143	144	139	134	130	112	123	107	92	82
Colusa	95	91	91	72	99	87	78	89	92	85	59
Contra Costa	2,261	2,209	2,082	2,011	1,886	1,756	1,742	1,637	1,441	1,320	1,121
Del Norte	172	168	172	162	159	161	141	174	134	125	119
El Dorado	289	293	289	259	273	221	260	240	228	184	178
Fresno	7,125	6,843	6,411	5,987	5,830	5,642	5,261	4,992	4,637	4,018	3,709
Glenn	156	139	148	149	114	133	137	102	128	83	77
Humboldt	572	617	565	510	491	483	499	456	404	417	386
Imperial	1,056	1,062	1,048	969	977	904	985	921	868	778	704
Inyo	60	58	50	49	51	45	49	46	54	34	42
Kern	4,651	4,311	4,148	3,875	3,582	3,510	3,137	3,038	2,867	2,538	2,286
Kings	741	730	641	643	584	571	552	527	496	460	381
Lake	336	340	363	338	293	292	297	272	208	203	179
Lassen	137	124	118	115	115	94	107	101	98	78	66
Los Angeles	61,989	58,353	52,379	49,365	46,095	43,862	42,109	39,997	38,223	35,715	34,373
Madera	775	777	710	669	603	603	563	547	550	490	455
Marin	201	197	202	176	148	166	179	188	186	174	166
Mariposa	64	53	51	50	65	40	49	52	41	24	35
Mendocino	415	444	421	416	340	381	361	358	308	261	246
Merced	1,854	1,826	1,669	1,593	1,490	1,459	1,427	1,434	1,316	1,045	1,009
Modoc	53	57	54	47	55	54	44	44	35	33	21
Mono	30	14	28	17	17	25	10	15	14	16	22
Monterey	1,491	1,495	1,328	1,256	1,126	1,149	1,165	1,178	1,119	1,036	971
Napa	213	218	196	192	186	186	185	200	177	137	162
Nevada	142	167	147	129	138	150	131	124	133	111	98
Orange	7,236	6,601	5,902	5,492	5,017	4,807	4,854	4,749	4,582	4,259	3,846

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

OCTOBER 2001

(COHS, PHPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
Placer	368	386	329	311	311	293	312	252	251	209	203
Plumas	64	64	61	63	58	61	62	53	40	34	36
Riverside	6,263	6,301	5,828	5,425	4,956	4,818	4,519	4,303	3,917	3,074	3,005
Sacramento	7,219	6,974	6,791	6,437	6,015	5,842	5,652	5,283	4,795	4,078	3,691
San Benito	112	135	117	90	85	111	105	101	105	103	113
San Bernardino	9,433	9,216	8,531	8,012	7,386	6,881	6,551	6,002	5,272	4,412	4,105
San Diego	8,830	8,423	7,920	7,459	6,713	6,255	6,086	5,701	5,310	4,289	3,929
San Francisco	1,744	1,705	1,776	1,613	1,607	1,548	1,499	1,639	1,550	1,443	1,284
San Joaquin	3,260	3,073	3,112	2,886	2,939	2,678	2,667	2,597	2,248	2,022	1,789
San Luis Obispo	588	568	585	520	515	474	494	469	411	393	366
San Mateo	876	809	756	733	620	651	648	665	630	618	580
Santa Barbara	1,387	1,309	1,122	1,103	1,028	952	948	966	946	817	799
Santa Clara	3,188	3,064	2,753	2,894	2,653	2,626	2,738	2,963	2,870	2,790	2,537
Santa Cruz	619	543	527	493	533	489	508	454	438	407	359
Shasta	858	863	850	825	740	763	704	685	631	603	525
Sierra	12	10	13	11	8	4	9	12	4	8	8
Siskiyou	211	246	210	236	223	220	228	218	185	146	144
Solano	1,193	1,167	1,111	1,004	912	907	866	813	776	654	672
Sonoma	721	773	710	646	710	683	697	673	576	524	515
Stanislaus	2,578	2,529	2,339	2,331	2,149	2,114	1,982	1,917	1,738	1,574	1,479
Sutter	420	408	371	315	320	318	334	296	266	242	217
Tehama	325	302	309	276	271	297	259	244	210	185	192
Trinity	57	64	55	56	63	48	61	49	51	36	16
Tulare	3,336	3,204	2,873	2,761	2,668	2,560	2,476	2,353	2,127	1,878	1,739
Tuolumne	165	158	152	139	152	143	173	119	109	99	73
Ventura	2,086	1,980	1,843	1,666	1,693	1,581	1,580	1,472	1,445	1,339	1,203
Yolo	611	593	579	588	565	518	519	482	448	351	323
Yuba	472	485	440	434	443	441	381	385	321	263	247

Table 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

OCTOBER 2001

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
STATEWIDE	2,701,723	249,577	314,528	314,797	295,661	253,548	194,811	147,605	115,913	108,521	706,762
Alameda	97,422	7,349	8,930	8,987	9,144	8,890	7,624	6,238	4,735	4,115	31,410
Alpine	109	10	16	10	12	17	14	7	4	6	13
Amador	1,435	135	129	141	160	158	122	68	68	63	391
Butte	21,344	2,008	2,360	2,354	2,459	2,477	1,970	1,480	1,176	944	4,116
Calaveras	2,541	243	246	273	307	275	257	171	114	110	545
Colusa	1,884	221	241	241	176	168	122	101	85	85	444
Contra Costa	44,725	3,752	4,718	4,713	4,578	4,190	3,317	2,662	2,069	1,943	12,783
Del Norte	3,420	326	333	380	428	416	305	241	223	186	582
El Dorado	6,243	548	666	690	669	741	523	408	300	254	1,444
Fresno	97,779	10,760	13,075	12,139	11,903	9,802	7,292	5,447	4,191	3,687	19,483
Glenn	2,550	253	315	310	306	244	195	154	119	119	535
Humboldt	12,629	1,151	1,442	1,353	1,432	1,587	1,322	1,041	701	575	2,025
Imperial	20,962	1,743	1,869	2,009	2,183	2,012	1,663	1,178	912	831	6,562
Inyo	1,330	128	142	134	138	116	118	78	56	48	372
Kern	68,161	8,249	9,597	8,931	8,577	6,902	4,945	3,474	2,825	2,632	12,029
Kings	10,910	1,330	1,519	1,426	1,378	1,021	714	493	429	384	2,216
Lake	7,522	510	576	772	821	820	771	599	492	431	1,730
Lassen	2,293	241	243	268	273	234	174	155	125	102	478
Los Angeles	1,043,838	98,492	130,857	133,735	118,834	95,867	70,404	50,406	39,237	38,443	267,563
Madera	12,736	1,590	1,905	1,646	1,428	1,177	801	625	496	450	2,618
Marin	7,590	542	781	782	753	732	627	616	422	296	2,039
Mariposa	1,058	92	88	107	127	135	92	79	56	46	236
Mendocino	8,449	710	890	909	932	908	754	690	502	412	1,742
Merced	26,330	3,149	3,751	3,396	3,208	2,601	1,891	1,325	1,024	958	5,027
Modoc	920	61	85	108	100	94	71	67	49	54	231
Mono	378	59	73	53	50	28	23	11	12	17	52
Monterey	27,195	3,381	4,005	3,512	2,908	2,340	1,701	1,316	1,076	880	6,076
Napa	5,303	502	617	590	554	458	376	279	233	199	1,495
Nevada	3,872	337	362	338	417	412	356	278	209	143	1,020
Orange	137,039	10,975	15,144	15,288	13,422	11,437	9,097	7,138	5,849	5,638	43,051

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

TOTAL BOTH SEXES

OCTOBER 2001

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
Placer	8,650	712	837	855	884	844	698	561	457	385	2,417
Plumas	1,383	120	130	101	131	172	135	114	88	62	330
Riverside	94,196	10,067	11,230	10,636	10,325	8,756	6,643	5,076	4,304	4,069	23,090
Sacramento	111,948	9,910	12,559	12,829	13,296	12,482	9,702	7,463	5,678	5,183	22,846
San Benito	2,573	356	361	281	283	199	135	102	78	72	706
San Bernardino	127,713	13,955	15,827	15,719	15,098	13,038	9,409	7,114	5,712	5,260	26,581
San Diego	149,141	11,248	14,367	14,932	15,176	14,210	11,498	8,932	7,048	6,611	45,119
San Francisco	76,469	2,685	3,980	4,569	5,487	5,996	5,883	5,171	3,834	3,979	34,885
San Joaquin	52,784	5,364	6,113	6,021	5,811	5,076	4,084	3,472	2,733	2,354	11,756
San Luis Obispo	12,696	1,119	1,478	1,436	1,510	1,401	1,101	860	611	475	2,705
San Mateo	26,486	1,962	2,391	2,306	1,988	1,664	1,393	1,180	949	1,050	11,603
Santa Barbara	24,157	2,624	3,125	2,916	2,790	2,328	1,820	1,376	1,031	916	5,231
Santa Clara	89,786	6,534	8,347	7,862	7,193	6,564	5,687	4,699	3,918	3,930	35,052
Santa Cruz	13,450	1,282	1,561	1,473	1,401	1,285	1,163	897	646	506	3,236
Shasta	17,354	1,636	1,734	1,906	2,086	1,919	1,573	1,202	1,028	830	3,440
Sierra	208	17	11	17	21	19	17	9	11	14	72
Siskiyou	4,816	377	430	417	521	577	482	350	298	265	1,099
Solano	21,715	2,161	2,589	2,422	2,428	2,084	1,556	1,104	826	737	5,808
Sonoma	19,776	1,679	1,944	1,939	2,020	2,056	1,810	1,492	1,157	800	4,879
Stanislaus	44,596	4,405	5,204	5,274	5,034	4,442	3,338	2,789	2,308	2,048	9,754
Sutter	7,673	709	904	973	856	670	571	403	338	336	1,913
Tehama	5,911	540	617	665	658	696	456	384	319	265	1,311
Trinity	1,258	71	80	102	128	173	128	120	93	76	287
Tulare	47,828	5,429	6,547	6,443	5,884	4,704	3,337	2,469	1,948	1,726	9,341
Tuolumne	3,522	314	331	318	411	394	333	245	163	172	841
Ventura	38,870	3,838	4,842	4,673	4,279	3,535	2,626	1,987	1,536	1,436	10,118
Yolo	11,525	934	1,224	1,320	1,384	1,212	969	707	583	525	2,667
Yuba	7,272	682	790	797	901	793	623	502	429	388	1,367

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF), Run Date 03/25/2002.

TABLE 17 (Continued)

MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE
TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)
FEMALES
OCTOBER 2001
(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
STATEWIDE	3,320,629	1,528,398	100,705	97,071	86,356	82,918	81,744	83,422	81,804	79,205	77,985	77,237
Alameda	108,906	44,354	2,662	2,492	2,234	2,158	2,202	2,232	2,268	2,260	2,255	2,279
Alpine	133	62	2	2	6	5	2	3	9	1	0	2
Amador	1,682	709	39	37	37	32	34	47	42	30	25	26
Butte	23,973	10,512	530	535	476	531	502	541	536	521	525	539
Calaveras	2,805	1,170	47	51	52	42	55	49	57	45	55	47
Colusa	2,369	1,141	102	101	68	55	53	54	45	52	50	54
Contra Costa	52,843	22,358	1,642	1,342	1,216	1,162	1,089	1,180	1,172	1,125	1,104	1,072
Del Norte	3,853	1,714	74	91	92	109	96	73	80	75	92	82
El Dorado	6,986	2,932	234	196	143	152	137	132	122	135	136	133
Fresno	131,381	68,349	4,227	4,010	3,816	3,608	3,564	3,581	3,511	3,540	3,443	3,477
Glenn	3,174	1,511	105	92	84	89	83	82	79	62	56	67
Humboldt	13,258	5,512	345	291	281	294	266	239	250	275	267	260
Imperial	23,286	10,226	559	557	481	468	471	480	471	458	482	529
Inyo	1,464	599	42	27	36	38	23	39	34	24	30	22
Kern	88,842	44,943	2,945	2,806	2,528	2,497	2,414	2,477	2,377	2,371	2,303	2,254
Kings	14,536	7,491	546	493	428	392	421	418	351	334	391	355
Lake	7,767	3,107	164	174	156	138	136	149	152	132	156	163
Lassen	2,628	1,140	51	58	59	57	55	57	56	51	53	66
Los Angeles	1,302,343	597,674	32,727	38,373	35,054	33,532	33,400	34,109	33,608	32,559	31,736	31,542
Madera	16,243	8,278	649	550	495	481	465	437	382	448	389	392
Marin	7,307	2,427	247	216	150	120	113	126	111	105	95	94
Mariposa	1,235	565	38	23	32	24	26	29	21	29	35	30
Mendocino	9,477	4,102	269	238	224	207	201	222	213	197	158	173
Merced	34,721	17,756	919	1,103	960	888	913	910	942	896	917	903
Modoc	1,050	448	20	16	28	24	25	21	16	19	15	23
Mono	522	247	28	18	14	16	14	12	5	9	8	14
Monterey	35,464	17,160	1,716	1,213	978	899	980	884	817	749	815	767
Napa	5,933	2,479	242	174	150	147	106	123	123	104	109	110
Nevada	4,127	1,533	121	88	80	70	64	62	59	73	65	75
Orange	170,454	79,176	8,094	6,194	4,872	4,528	4,423	4,538	4,291	4,027	3,860	3,685

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 2001

(COHS, HCPs, AND FFS)

COUNTY	TOTAL ALL AGES	TOTAL UNDER 21 YEARS	SINGLE YEARS OF AGE									
			Under 1	1	2	3	4	5	6	7	8	9
Placer	9,566	3,699	285	234	204	185	166	173	184	186	179	181
Plumas	1,510	595	32	33	30	29	26	24	30	43	25	22
Riverside	129,852	64,957	5,301	4,372	3,750	3,558	3,564	3,526	3,466	3,326	3,205	3,136
Sacramento	140,283	67,378	3,471	3,666	3,406	3,393	3,337	3,457	3,617	3,407	3,633	3,604
San Benito	3,336	1,505	158	109	97	87	71	79	69	86	65	72
San Bernardino	178,517	90,691	6,391	5,537	5,119	5,000	4,907	4,932	5,016	4,837	4,700	4,581
San Diego	183,923	84,194	6,291	5,184	4,524	4,406	4,437	4,629	4,544	4,430	4,248	4,303
San Francisco	62,964	18,425	1,221	1,060	941	867	862	913	904	863	893	883
San Joaquin	66,204	32,205	2,140	1,830	1,658	1,623	1,632	1,658	1,639	1,511	1,551	1,637
San Luis Obispo	14,321	6,061	467	412	314	321	301	316	310	260	270	263
San Mateo	28,215	10,202	1,043	885	652	579	537	554	485	446	470	447
Santa Barbara	30,642	14,744	1,385	1,148	866	872	786	789	781	717	649	691
Santa Clara	93,943	35,792	2,913	2,373	1,943	1,897	1,715	1,773	1,662	1,699	1,735	1,603
Santa Cruz	15,608	6,790	723	523	406	363	339	355	303	316	315	279
Shasta	19,104	7,984	463	341	401	368	389	378	356	382	381	375
Sierra	218	79	4	5	3	4	4	4	7	2	2	2
Siskiyou	5,125	2,176	124	113	99	91	95	91	94	100	81	95
Solano	26,649	11,545	798	733	683	598	627	580	576	544	573	530
Sonoma	21,714	8,767	878	638	473	495	450	451	404	404	406	378
Stanislaus	54,945	25,507	1,618	1,476	1,393	1,364	1,262	1,442	1,328	1,275	1,195	1,225
Sutter	8,904	3,978	259	251	204	222	206	190	211	191	211	202
Tehama	6,909	3,166	158	185	189	149	148	192	149	156	148	161
Trinity	1,270	506	32	16	23	23	15	21	30	22	27	26
Tulare	62,780	32,662	2,318	2,051	1,809	1,782	1,710	1,701	1,661	1,613	1,658	1,651
Tuolumne	3,904	1,534	93	66	64	77	83	79	88	68	74	68
Ventura	48,719	22,840	2,115	1,649	1,348	1,261	1,198	1,226	1,120	1,069	1,137	1,057
Yolo	13,547	6,157	387	382	305	308	322	318	324	310	301	305
Yuba	9,195	4,584	251	238	222	233	222	265	246	236	228	225

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 2001

(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
STATEWIDE	76,386	72,688	66,832	63,357	59,735	57,276	56,704	55,931	56,670	57,089	57,283
Alameda	2,309	2,149	2,033	2,043	1,917	1,766	1,783	1,897	1,832	1,818	1,765
Alpine	3	3	4	4	3	3	4	2	2	0	2
Amador	36	43	39	34	36	30	26	32	24	32	28
Butte	514	534	559	499	466	480	444	444	431	450	455
Calaveras	71	64	69	71	60	62	65	52	54	48	54
Colusa	50	43	40	39	54	45	49	40	53	48	46
Contra Costa	1,127	1,095	1,001	1,024	916	838	895	882	815	879	782
Del Norte	92	95	85	71	77	73	63	80	71	72	71
El Dorado	133	152	154	125	130	110	136	114	125	121	112
Fresno	3,489	3,376	3,136	2,943	2,889	2,818	2,676	2,596	2,596	2,538	2,515
Glenn	73	65	68	80	64	69	61	54	81	50	47
Humboldt	282	286	267	232	237	248	257	222	221	242	250
Imperial	528	541	540	469	469	444	469	466	450	472	422
Inyo	24	29	29	23	26	23	28	23	27	19	33
Kern	2,274	2,070	2,044	1,940	1,803	1,740	1,569	1,558	1,662	1,688	1,623
Kings	359	354	312	316	281	302	288	282	299	313	256
Lake	164	177	187	188	134	134	146	119	110	105	123
Lassen	68	58	58	48	49	44	57	54	53	40	48
Los Angeles	30,606	28,712	25,630	24,158	22,774	21,761	21,397	20,846	21,283	21,573	22,294
Madera	383	387	341	335	294	298	295	277	345	316	319
Marin	102	86	102	90	66	77	102	98	121	93	113
Mariposa	33	29	25	31	25	20	30	24	19	15	27
Mendocino	212	218	191	200	163	168	173	191	151	173	160
Merced	916	902	781	769	763	719	724	714	739	678	700
Modoc	24	28	27	19	28	22	19	18	20	20	16
Mono	14	7	14	10	7	9	4	8	9	9	18
Monterey	721	744	658	625	558	602	621	656	726	707	724
Napa	104	103	91	85	97	97	98	104	99	97	116
Nevada	63	82	69	68	68	77	58	67	77	72	75
Orange	3,537	3,183	2,926	2,738	2,456	2,421	2,499	2,503	2,700	2,874	2,827

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 2001

(COHS, HCPs, AND FFS)

COUNTY	SINGLE YEARS OF AGE										
	10	11	12	13	14	15	16	17	18	19	20
Placer	179	203	173	155	157	152	147	134	152	131	139
Plumas	31	30	30	29	27	30	29	25	22	20	28
Riverside	3,103	3,059	2,822	2,642	2,462	2,359	2,254	2,261	2,310	2,238	2,243
Sacramento	3,535	3,475	3,300	3,072	2,929	2,882	2,792	2,685	2,649	2,572	2,496
San Benito	46	63	48	40	50	56	52	50	48	75	84
San Bernardino	4,626	4,434	4,151	3,913	3,664	3,300	3,298	3,110	3,064	3,087	3,024
San Diego	4,345	4,118	3,869	3,735	3,309	3,129	3,081	2,984	2,979	2,834	2,815
San Francisco	854	823	899	795	808	743	763	894	846	820	773
San Joaquin	1,619	1,527	1,529	1,404	1,442	1,341	1,388	1,366	1,223	1,269	1,218
San Luis Obispo	290	286	278	257	242	223	249	241	244	251	266
San Mateo	425	362	367	367	298	328	338	350	405	422	442
Santa Barbara	666	633	541	532	491	483	481	511	571	573	578
Santa Clara	1,614	1,517	1,311	1,366	1,329	1,288	1,351	1,586	1,603	1,785	1,729
Santa Cruz	304	242	275	238	266	249	251	231	263	277	272
Shasta	444	413	427	419	365	372	329	342	342	359	338
Sierra	6	6	3	4	3	2	3	5	2	3	5
Siskiyou	100	123	97	123	108	115	120	111	109	90	97
Solano	594	550	499	509	468	448	455	420	443	427	490
Sonoma	343	382	341	321	333	340	328	334	331	371	366
Stanislaus	1,237	1,249	1,127	1,193	1,046	1,051	987	1,009	1,004	1,003	1,023
Sutter	221	196	172	145	161	143	173	160	145	161	154
Tehama	172	147	148	145	143	151	136	129	110	135	115
Trinity	25	29	25	27	28	27	27	23	27	20	13
Tulare	1,651	1,608	1,427	1,322	1,268	1,242	1,268	1,256	1,217	1,233	1,216
Tuolumne	73	69	86	67	86	68	84	67	73	51	50
Ventura	1,038	992	907	787	851	796	816	782	877	918	896
Yolo	303	309	279	267	262	247	268	248	248	233	231
Yuba	231	228	221	206	229	211	200	194	168	169	161

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 2001

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
STATEWIDE	1,792,231	193,484	235,100	221,007	196,855	158,931	114,235	83,167	65,836	63,037	460,579
Alameda	64,552	5,805	6,909	6,556	6,210	5,542	4,344	3,437	2,663	2,319	20,767
Alpine	71	4	12	7	8	10	10	4	2	5	9
Amador	973	105	88	101	108	98	78	39	42	33	281
Butte	13,461	1,428	1,632	1,548	1,536	1,450	1,117	814	649	531	2,756
Calaveras	1,635	172	164	181	207	171	147	92	57	64	380
Colusa	1,228	168	184	167	116	97	73	55	47	44	277
Contra Costa	30,485	2,963	3,463	3,353	3,064	2,640	1,939	1,556	1,234	1,259	9,014
Del Norte	2,139	237	226	234	277	244	169	136	128	120	368
El Dorado	4,054	419	459	468	425	455	280	196	169	138	1,045
Fresno	63,032	8,107	9,307	8,078	7,603	5,961	4,149	3,046	2,341	2,079	12,361
Glenn	1,663	192	232	210	196	149	115	89	74	65	341
Humboldt	7,746	825	946	868	907	908	681	533	367	330	1,381
Imperial	13,060	1,262	1,317	1,415	1,488	1,272	1,034	667	465	428	3,712
Inyo	865	96	105	85	88	71	62	34	36	31	257
Kern	43,899	5,978	6,600	5,953	5,517	4,150	2,871	2,002	1,677	1,478	7,673
Kings	7,045	1,001	1,038	913	883	636	405	288	250	230	1,401
Lake	4,660	357	387	513	529	486	425	320	259	242	1,142
Lassen	1,488	177	165	182	183	147	104	90	65	58	317
Los Angeles	704,669	76,027	99,530	95,427	81,250	62,338	42,804	28,907	22,447	22,421	173,518
Madera	7,965	1,165	1,295	1,020	891	667	455	352	271	248	1,601
Marin	4,880	398	570	523	470	425	340	339	248	165	1,402
Mariposa	670	67	61	76	88	78	50	33	35	28	154
Mendocino	5,375	530	606	616	583	566	422	373	293	209	1,177
Merced	16,965	2,266	2,566	2,215	2,063	1,629	1,129	749	598	542	3,208
Modoc	602	48	63	71	61	60	46	37	26	31	159
Mono	275	47	60	38	40	23	15	5	6	10	31
Monterey	18,304	2,687	2,952	2,463	1,950	1,461	987	756	621	518	3,909
Napa	3,454	401	448	411	353	281	216	145	129	107	963
Nevada	2,594	261	260	244	288	262	201	144	115	78	741
Orange	91,278	9,103	11,765	10,866	8,849	7,050	5,325	3,974	3,226	3,380	27,740

TABLE 17 (Continued)

MEDI-CAL PROGRAM

PERSONS CERTIFIED ELIGIBLE BY COUNTY, SEX, AND AGE

TOTAL ALL AGES, TOTAL UNDER 21 YEARS (SINGLE YEARS OF AGE), AND TOTAL 21 YEARS AND OVER (AGE GROUP IN YEARS)

FEMALES

OCTOBER 2001

(COHS, HCPs, AND FFS)

COUNTY	21 YEARS AND OVER	AGE GROUP IN YEARS									
		21-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65 and Over
Placer	5,867	561	620	615	588	519	388	315	272	240	1,749
Plumas	915	86	92	68	98	109	84	66	56	34	222
Riverside	64,895	8,164	8,842	7,820	7,101	5,696	3,975	3,023	2,533	2,417	15,324
Sacramento	72,905	7,672	9,447	8,933	8,564	7,563	5,420	4,210	3,270	3,011	14,815
San Benito	1,831	304	276	214	198	130	86	59	44	46	474
San Bernardino	87,826	11,103	12,091	11,476	10,400	8,421	5,775	4,239	3,399	3,085	17,837
San Diego	99,729	9,060	11,142	10,802	10,157	8,838	6,805	5,035	4,099	3,934	29,857
San Francisco	44,539	2,089	2,907	2,963	3,105	2,981	2,747	2,268	1,711	2,052	21,716
San Joaquin	33,999	4,019	4,381	4,057	3,843	3,088	2,336	1,988	1,556	1,344	7,387
San Luis Obispo	8,260	832	1,028	928	958	864	622	476	358	279	1,915
San Mateo	18,013	1,611	1,834	1,679	1,319	980	791	635	572	624	7,968
Santa Barbara	15,898	2,103	2,320	1,991	1,802	1,394	1,012	713	578	521	3,464
Santa Clara	58,151	5,107	6,088	5,334	4,644	4,044	3,326	2,620	2,160	2,342	22,486
Santa Cruz	8,818	1,051	1,197	1,016	869	789	626	489	332	273	2,176
Shasta	11,120	1,172	1,168	1,258	1,340	1,115	881	681	602	495	2,408
Sierra	139	11	8	10	16	15	9	5	8	7	50
Siskiyou	2,949	260	277	268	340	357	256	184	154	143	710
Solano	15,104	1,715	1,958	1,758	1,656	1,354	921	675	485	482	4,100
Sonoma	12,947	1,344	1,447	1,361	1,290	1,189	988	793	657	460	3,418
Stanislaus	29,438	3,384	3,757	3,586	3,261	2,794	2,026	1,615	1,404	1,212	6,399
Sutter	4,926	506	625	635	534	412	327	220	208	205	1,254
Tehama	3,743	376	408	433	410	409	267	210	168	163	899
Trinity	764	54	57	67	89	106	61	66	43	40	181
Tulare	30,118	4,077	4,472	4,124	3,586	2,739	1,860	1,413	1,055	963	5,829
Tuolumne	2,370	240	236	204	282	254	213	142	83	99	617
Ventura	25,879	3,049	3,573	3,187	2,700	2,222	1,559	1,113	908	871	6,697
Yolo	7,390	739	896	893	900	726	529	408	333	293	1,673
Yuba	4,611	499	543	525	574	496	352	294	248	211	869

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF), Run Date 03/25/2002.

TABLE 18

MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2001

(FFS ONLY)

COUNTY	PUBLIC ASSISTANCE						MEDICALLY NEEDY				
	TOTAL	Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	2,698,336	1,344,670	323,231	21,139	634,171	366,129	920,702	132,071	794	63,148	724,690
Alameda	87,384	55,323	15,251	986	29,900	9,185	23,294	7,885	37	3,542	11,829
Alpine	207	111	8	1	27	75	84	1	0	6	78
Amador	2,674	1,202	148	9	456	589	1,247	178	0	81	988
Butte	41,067	23,210	1,650	244	8,446	12,870	14,524	1,330	13	764	12,417
Calaveras	5,011	2,841	275	24	882	1,660	1,792	148	0	61	1,583
Colusa	3,903	1,156	205	15	368	568	2,050	150	0	57	1,843
Contra Costa	42,497	24,557	5,900	483	14,177	3,997	13,555	3,404	10	1,495	8,646
Del Norte	6,587	4,090	260	33	1,591	2,207	1,973	154	1	92	1,726
El Dorado	11,465	5,367	564	65	2,231	2,507	5,117	588	3	283	4,243
Fresno	82,392	42,785	9,854	800	23,681	8,450	30,934	3,468	31	1,745	25,690
Glenn	5,376	2,651	282	30	771	1,568	2,005	138	1	71	1,796
Humboldt	23,158	13,493	897	115	5,910	6,572	8,048	623	4	414	7,007
Imperial	39,987	21,508	4,156	139	4,949	12,264	15,838	1,088	7	400	14,343
Inyo	2,514	1,006	140	8	367	490	1,301	174	2	57	1,068
Kern	65,071	33,113	5,805	576	18,247	8,485	23,726	2,537	13	1,533	19,643
Kings	24,702	11,307	1,154	90	3,062	7,001	11,553	504	2	184	10,862
Lake	13,429	8,719	878	87	3,320	4,434	4,169	456	5	270	3,439
Lassen	4,435	2,562	176	23	872	1,490	1,463	162	2	67	1,231
Los Angeles	979,455	439,833	141,442	7,681	209,173	81,537	298,307	50,221	352	19,888	227,846
Madera	27,961	13,462	1,326	104	3,190	8,842	10,214	576	4	278	9,357
Marin	11,535	5,483	851	78	2,843	1,711	4,413	755	12	400	3,247
Mariposa	2,009	942	111	11	322	498	890	102	1	56	731
Mendocino	16,127	8,597	777	73	3,466	4,282	5,497	517	4	272	4,704
Merced	60,400	32,253	2,597	223	7,135	22,298	24,208	1,036	13	418	22,742
Modoc	1,870	997	92	1	310	594	639	93	2	33	512
Mono	819	257	24	3	81	149	337	17	0	15	305
Monterey	10,762	99	7	1	28	64	6,028	6	0	1	6,021
Napa	1,232	48	1	0	24	24	703	1	0	24	677
Nevada	6,622	3,131	364	59	1,479	1,229	2,745	482	6	201	2,057
Orange	41,427	1,038	142	6	216	674	28,316	93	0	80	28,143

TABLE 18 (continued)

MEDI-CAL PROGRAM

AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 2001

(FFS ONLY)

COUNTY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	15,535	8,692	923	100	3,600	4,069	5,506	914	4	422	4,166
Plumas	2,524	1,285	139	19	602	526	1,054	128	1	37	888
Riverside	101,466	54,296	11,603	949	29,145	12,599	33,816	4,931	29	2,901	25,955
Sacramento	85,083	57,460	10,030	988	34,140	12,302	19,380	4,532	14	3,225	11,609
San Benito	5,245	2,281	362	25	548	1,346	2,108	226	1	58	1,822
San Bernardino	142,846	84,833	13,213	1,251	39,682	30,687	45,328	5,731	37	3,131	36,428
San Diego	144,521	86,806	24,301	1,691	48,298	12,516	38,901	8,884	28	5,003	24,985
San Francisco	70,599	49,150	20,724	896	24,002	3,529	15,795	6,028	35	3,326	6,406
San Joaquin	49,220	29,000	5,449	539	17,793	5,220	14,203	2,750	15	1,302	10,137
San Luis Obispo	23,936	10,694	1,115	104	4,776	4,699	11,157	973	2	662	9,519
San Mateo	6,288	139	24	1	39	75	4,228	9	0	31	4,189
Santa Barbara	7,037	179	8	3	74	95	4,766	35	0	46	4,685
Santa Clara	90,289	45,323	19,019	806	20,520	4,978	34,442	8,189	35	2,945	23,273
Santa Cruz	3,088	46	3	0	22	21	1,998	5	0	22	1,971
Shasta	32,569	19,473	1,447	148	7,876	10,001	10,618	978	4	590	9,045
Sierra	359	179	26	1	74	78	154	35	0	10	109
Siskiyou	8,727	5,015	495	44	2,035	2,441	3,075	295	0	130	2,649
Solano	2,630	180	12	1	119	47	1,800	5	0	18	1,777
Sonoma	35,203	16,254	1,907	244	7,969	6,135	14,584	1,699	15	1,609	11,262
Stanislaus	64,111	29,136	4,534	413	13,785	10,404	29,318	2,177	8	1,138	25,995
Sutter	14,944	6,578	981	77	2,305	3,216	6,945	500	4	149	6,291
Tehama	11,433	6,259	579	60	2,305	3,314	3,856	416	3	182	3,255
Trinity	2,289	1,335	126	14	565	629	794	110	0	60	625
Tulare	48,167	22,305	4,634	367	10,994	6,308	20,651	2,012	17	1,465	17,158
Tuolumne	6,501	3,583	303	35	1,428	1,817	2,495	363	0	179	1,952
Ventura	80,201	29,970	5,061	306	10,134	14,470	42,699	2,900	14	1,526	38,259
Yolo	5,566	2,346	208	20	678	1,440	2,540	115	2	64	2,360
Yuba	15,882	10,737	670	71	3,138	6,858	3,523	247	0	129	3,146

TABLE 18 (continued)

MEDI-CAL PROGRAM

AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 2001

(FFS ONLY)

COUNTY	MEDICALLY INDIGENT			MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
STATEWIDE	63,089	4,768	58,321	189,181	1,559	41,206	33,905	87,823	20,398	67,425
Alameda	1,725	361	1,365	2,118	64	646	813	2,466	627	1,839
Alpine	6	0	6	0	0	1	0	3	1	3
Amador	53	1	52	11	2	49	33	63	24	39
Butte	1,169	20	1,149	181	37	550	445	833	246	587
Calaveras	104	6	98	33	0	88	52	75	28	47
Colusa	101	5	96	112	0	116	130	227	101	126
Contra Costa	1,435	83	1,352	636	20	415	485	1,145	335	810
Del Norte	186	8	178	60	0	94	83	83	35	48
El Dorado	258	8	250	87	0	172	158	248	121	127
Fresno	1,654	177	1,477	2,144	12	1,128	1,024	2,310	644	1,666
Glenn	189	6	183	113	0	99	141	165	69	96
Humboldt	538	16	522	43	1	327	251	354	158	196
Imperial	650	33	616	302	0	499	391	578	184	394
Inyo	34	1	34	28	0	20	45	70	31	39
Kern	1,494	81	1,413	2,648	4	973	774	1,980	448	1,532
Kings	420	22	397	220	0	304	377	445	235	211
Lake	192	8	184	85	0	67	71	92	44	48
Lassen	120	3	116	56	0	65	56	94	32	62
Los Angeles	20,453	1,295	19,158	152,913	699	17,686	10,625	33,847	5,930	27,917
Madera	829	23	807	1,600	2	624	650	498	277	221
Marin	300	9	291	587	13	103	204	406	185	221
Mariposa	55	1	53	5	0	51	28	34	20	14
Mendocino	474	10	464	397	1	333	357	419	209	211
Merced	819	61	759	704	0	588	708	1,021	355	665
Modoc	50	1	49	53	0	53	31	38	7	31
Mono	45	2	43	40	0	15	37	88	43	46
Monterey	17	0	17	2,205	0	286	189	1,635	7	1,628
Napa	14	1	14	4	0	39	40	337	4	333
Nevada	184	7	176	31	0	122	119	258	122	137
Orange	489	4	485	3,313	0	1,045	750	5,618	24	5,594

TABLE 18 (continued)

MEDI-CAL PROGRAM

AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 2001

(FFS ONLY)

COUNTY	MEDICALLY INDIGENT			MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
Placer	477	30	447	64	3	142	219	381	188	193
Plumas	48	2	46	11	0	46	35	42	18	24
Riverside	3,174	356	2,818	1,736	5	1,813	1,909	4,130	1,337	2,793
Sacramento	3,081	333	2,749	1,499	254	621	629	1,871	480	1,392
San Benito	206	12	194	170	0	83	117	242	86	156
San Bernardino	3,120	458	2,662	2,213	15	1,538	1,606	3,490	1,163	2,328
San Diego	5,760	506	5,254	1,832	117	2,803	2,379	4,984	1,434	3,550
San Francisco	1,432	63	1,369	1,116	33	414	359	1,794	386	1,407
San Joaquin	1,416	65	1,351	1,877	7	619	579	1,267	391	876
San Luis Obispo	657	52	605	116	0	268	384	579	295	285
San Mateo	44	0	44	15	0	178	178	1,201	8	1,193
Santa Barbara	38	0	38	591	0	140	114	824	5	819
Santa Clara	1,940	180	1,760	3,396	146	734	933	2,567	743	1,824
Santa Cruz	6	0	6	217	0	19	30	556	2	554
Shasta	900	25	876	74	17	508	375	542	206	336
Sierra	8	0	8	0	0	7	4	7	4	3
Siskiyou	175	4	171	39	1	162	106	124	48	75
Solano	7	2	5	2	0	46	48	426	4	422
Sonoma	982	64	918	407	1	612	872	1,241	611	630
Stanislaus	1,377	105	1,273	775	83	948	994	1,282	534	748
Sutter	265	6	259	134	8	311	264	392	143	249
Tehama	371	8	363	265	1	268	212	178	89	89
Trinity	38	1	37	2	0	56	30	32	15	17
Tulare	1,371	156	1,215	859	0	747	559	1,365	394	972
Tuolumne	125	3	122	9	0	110	71	96	38	58
Ventura	1,316	70	1,246	791	6	1,103	1,488	2,224	1,077	1,147
Yolo	181	6	175	32	5	53	77	289	37	252
Yuba	522	12	509	211	4	301	269	270	121	150

TABLE 18 (continued)
MEDI-CAL PROGRAM
AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2001
(FFS ONLY)

COUNTY	60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT
STATEWIDE	1,587	40	4	5,049	INA	682	8,837
Alameda	12	3	0	154	INA	74	693
Alpine	0	0	0	1	INA	0	0
Amador	1	0	0	9	INA	0	5
Butte	2	1	0	61	INA	2	53
Calaveras	0	1	0	21	INA	0	5
Colusa	2	0	0	4	INA	1	6
Contra Costa	48	4	0	78	INA	1	119
Del Norte	0	0	0	11	INA	0	6
El Dorado	4	0	0	23	INA	0	32
Fresno	76	0	0	23	INA	25	279
Glenn	1	0	0	3	INA	0	8
Humboldt	5	1	0	21	INA	1	75
Imperial	2	0	0	42	INA	4	173
Inyo	0	0	0	5	INA	0	5
Kern	14	0	0	105	INA	0	240
Kings	2	0	0	9	INA	0	66
Lake	0	0	0	19	INA	0	16
Lassen	1	0	0	16	INA	0	4
Los Angeles	854	1	1	2,312	INA	19	1,907
Madera	1	0	0	40	INA	0	40
Marin	5	0	0	8	INA	0	13
Mariposa	0	0	0	3	INA	0	2
Mendocino	3	0	0	18	INA	0	30
Merced	8	0	0	38	INA	3	49
Modoc	0	0	0	6	INA	0	1
Mono	2	0	0	0	INA	0	0
Monterey	17	1	0	90	INA	8	187
Napa	3	0	0	18	INA	0	27
Nevada	1	0	0	12	INA	3	17
Orange	72	0	0	278	INA	24	485

TABLE 18 (continued)

MEDI-CAL PROGRAM

AVERAGE MONTHLY ELIGIBLES BY COUNTY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 2001

(FFS ONLY)

COUNTY	60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT
Placer	5	0	0	15	INA	0	32
Plumas	1	0	0	1	INA	0	1
Riverside	41	1	1	88	INA	5	452
Sacramento	1	0	0	105	INA	11	170
San Benito	3	0	0	7	INA	0	30
San Bernardino	29	3	0	136	INA	1	535
San Diego	167	4	0	318	INA	19	431
San Francisco	38	0	0	184	INA	29	256
San Joaquin	6	0	0	69	INA	13	165
San Luis Obispo	6	2	0	26	INA	0	46
San Mateo	22	11	0	138	INA	18	116
Santa Barbara	28	0	0	23	INA	0	334
Santa Clara	15	1	0	196	INA	372	225
Santa Cruz	17	2	0	18	INA	1	178
Shasta	4	0	0	32	INA	1	24
Sierra	0	0	0	0	INA	0	0
Siskiyou	1	0	0	19	INA	0	11
Solano	4	0	1	28	INA	22	69
Sonoma	23	0	0	7	INA	0	219
Stanislaus	2	0	0	49	INA	12	137
Sutter	0	0	0	29	INA	1	16
Tehama	1	0	0	7	INA	1	16
Trinity	0	0	0	3	INA	0	1
Tulare	2	2	0	24	INA	2	278
Tuolumne	1	0	0	4	INA	0	8
Ventura	34	0	1	51	INA	6	514
Yolo	2	2	0	14	INA	3	22
Yuba	1	0	0	37	INA	0	7

Note: FFS = Fee-For-Service.

INA = Information Not Available.

Averages are rounded independently and may not add to totals.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, MCSS File HCP0112_Benes_by_Managed_Care_Plan_2001_12, created from the December 2001 Month of Eligibility File using a six-month lag.

TABLE 19

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2001

(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	1,805,434	1,078,528	233,291	16,319	498,009	330,909	496,269	102,129	745	57,274	336,122
Alameda	62,029	43,425	10,427	695	21,775	10,529	13,342	5,173	30	2,685	5,453
Alpine	84	53	6	1	15	31	27	1	0	3	23
Amador	1,656	800	117	9	348	327	743	154	0	72	517
Butte	22,500	13,989	1,318	184	6,447	6,040	7,103	1,151	13	687	5,253
Calaveras	2,615	1,596	227	21	677	671	865	136	0	56	674
Colusa	1,912	711	150	12	284	266	886	123	0	53	710
Contra Costa	29,876	19,035	3,949	321	9,952	4,813	8,360	2,410	9	1,123	4,818
Del Norte	3,598	2,420	201	26	1,191	1,001	960	116	0	74	769
El Dorado	6,103	3,232	413	48	1,545	1,226	2,415	473	4	234	1,704
Fresno	71,245	43,852	7,131	621	19,064	17,037	20,381	2,809	29	1,479	16,064
Glenn	2,806	1,569	212	23	581	753	885	116	1	71	698
Humboldt	13,709	8,664	759	87	4,409	3,408	4,164	534	4	365	3,261
Imperial	21,498	12,878	3,135	110	3,731	5,902	7,161	869	8	351	5,933
Inyo	1,385	641	105	7	272	258	651	147	2	57	445
Kern	46,325	27,990	3,853	429	13,674	10,035	14,054	2,005	15	1,254	10,781
Kings	13,198	6,843	903	65	2,343	3,533	5,136	439	3	176	4,519
Lake	8,197	5,719	753	74	2,616	2,276	2,200	364	5	235	1,596
Lassen	2,501	1,535	136	16	640	744	786	136	3	61	586
Los Angeles	620,765	372,618	101,508	5,955	160,762	104,394	154,391	38,135	295	18,122	97,838
Madera	14,738	7,847	1,000	85	2,469	4,293	4,474	505	5	255	3,709
Marin	6,283	3,439	582	52	2,069	736	1,978	526	10	329	1,113
Mariposa	1,215	625	90	8	258	269	501	86	1	51	363
Mendocino	9,583	5,726	637	62	2,726	2,302	2,828	408	5	244	2,171
Merced	27,625	16,516	1,912	173	5,329	9,103	9,429	881	15	401	8,133
Modoc	1,047	624	73	2	249	300	354	96	1	34	223
Mono	395	138	15	2	59	62	134	10	0	11	113
Monterey	11,980	4,152	345	36	1,750	2,021	4,248	232	1	197	3,818
Napa	1,469	660	58	11	445	145	460	95	0	68	297
Nevada	3,849	2,004	268	37	1,071	627	1,520	404	4	175	937
Orange	58,258	21,984	3,153	254	10,396	8,181	16,342	1,407	15	1,755	13,165

TABLE 19 (Continued)

MEDI-CAL PROGRAM

AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 2001

(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDED				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	8,573	5,161	634	72	2,593	1,862	2,757	743	4	345	1,665
Plumas	1,559	883	117	13	480	272	590	116	1	39	434
Riverside	67,133	38,818	6,803	675	21,112	10,228	18,883	3,528	29	2,430	12,895
Sacramento	58,589	43,872	6,826	708	25,219	11,120	10,684	3,224	15	2,525	4,920
San Benito	2,622	1,186	251	16	382	537	932	173	1	48	710
San Bernardino	94,701	59,502	7,887	880	28,648	22,088	25,443	4,104	36	2,602	18,701
San Diego	114,265	72,953	17,143	1,286	37,618	16,906	27,869	6,855	31	4,325	16,658
San Francisco	53,683	38,622	15,487	708	18,417	4,009	11,358	4,120	29	2,899	4,310
San Joaquin	36,916	24,765	3,696	390	13,782	6,897	8,694	2,176	16	1,101	5,401
San Luis Obispo	12,915	6,793	828	81	3,537	2,347	5,024	795	2	568	3,659
San Mateo	7,337	2,630	790	41	1,220	580	3,051	1,092	10	383	1,565
Santa Barbara	7,940	3,241	347	48	1,464	1,383	3,115	124	1	174	2,817
Santa Clara	56,554	34,457	13,149	574	14,957	5,778	16,632	5,346	34	2,308	8,944
Santa Cruz	4,972	2,320	249	24	1,360	686	1,758	164	1	202	1,390
Shasta	19,000	12,277	1,208	115	6,032	4,922	5,630	883	3	540	4,204
Sierra	210	114	20	2	55	37	84	33	0	8	43
Siskiyou	4,864	3,132	385	32	1,530	1,185	1,471	219	0	106	1,146
Solano	4,621	2,238	271	22	848	1,097	1,546	128	1	111	1,306
Sonoma	19,006	9,942	1,311	170	5,829	2,632	6,829	1,258	10	1,469	4,093
Stanislaus	37,523	21,212	3,300	301	10,740	6,871	13,411	1,706	8	906	10,792
Sutter	7,819	4,169	749	56	1,773	1,591	3,035	403	4	141	2,487
Tehama	6,548	3,956	486	48	1,800	1,623	1,988	375	2	174	1,437
Trinity	1,401	881	98	11	440	332	444	88	0	52	304
Tulare	43,062	23,929	3,496	298	8,803	11,331	15,001	1,726	14	1,385	11,875
Tuolumne	4,168	2,389	253	27	1,117	993	1,557	334	1	175	1,048
Ventura	40,212	17,884	3,220	211	7,347	7,105	17,978	2,041	12	1,275	14,651
Yolo	6,294	3,830	335	41	1,398	2,057	1,889	222	4	181	1,482
Yuba	8,686	6,088	517	48	2,364	3,160	1,843	214	0	126	1,503
Not Reported	5,824	0	0	0	0	0	0	0	0	0	0

TABLE 19 (Continued)

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2001

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
STATEWIDE	34,131	4,753	29,379	38,034	1,746	14,812	14,870	51,232	11,308	39,923
Alameda	945	286	659	793	101	236	422	1,522	387	1,135
Alpine	2	0	2	0	0	0	0	0	0	0
Amador	29	2	28	4	0	17	11	30	11	19
Butte	513	19	494	59	11	171	160	351	138	213
Calaveras	48	4	44	9	0	29	21	37	14	23
Colusa	48	5	42	35	0	28	48	128	56	72
Contra Costa	525	82	444	284	19	124	186	846	238	608
Del Norte	80	6	74	17	0	30	33	49	21	28
El Dorado	104	10	94	35	0	52	50	150	52	98
Fresno	1,118	174	945	899	15	643	604	1,716	456	1,261
Glenn	91	7	84	35	0	40	58	91	39	52
Humboldt	249	17	231	22	1	118	86	198	66	132
Imperial	328	36	292	87	0	182	172	294	114	180
Inyo	16	0	15	10	0	5	12	42	18	24
Kern	655	82	573	769	2	392	403	1,097	297	800
Kings	198	23	175	92	0	119	173	341	156	185
Lake	104	11	94	30	0	33	24	64	21	43
Lassen	55	4	51	15	0	25	20	42	18	24
Los Angeles	12,246	1,192	11,054	22,564	811	5,719	4,735	15,381	2,954	12,427
Madera	513	32	482	592	2	260	353	435	198	237
Marin	126	13	113	200	9	27	76	275	104	171
Mariposa	29	2	27	2	0	21	13	21	9	12
Mendocino	246	12	234	143	1	128	163	295	118	177
Merced	380	41	339	221	0	150	226	527	189	338
Modoc	20	0	20	6	0	13	10	13	4	9
Mono	23	4	19	20	0	6	12	57	20	38
Monterey	128	8	119	957	2	148	173	1,191	193	997
Napa	26	1	24	7	1	27	13	162	1	162
Nevada	85	6	79	11	0	40	38	129	53	76
Orange	813	152	661	2,065	64	606	438	4,325	93	4,232

TABLE 19 (Continued)

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2001

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
Placer	213	25	188	31	3	51	69	229	85	144
Plumas	22	1	21	1	0	18	13	20	7	13
Riverside	1,531	336	1,194	885	3	638	638	2,538	587	1,951
Sacramento	1,246	292	954	458	220	207	159	1,151	208	943
San Benito	101	11	90	74	0	23	49	139	43	96
San Bernardino	1,687	427	1,260	1,063	10	667	633	2,171	540	1,632
San Diego	2,872	552	2,320	1,177	132	1,006	971	3,395	691	2,704
San Francisco	609	84	526	467	55	215	344	1,389	349	1,041
San Joaquin	628	66	562	533	7	280	275	870	266	605
San Luis Obispo	291	49	242	62	0	93	136	354	139	215
San Mateo	171	19	153	126	5	80	161	787	79	709
Santa Barbara	121	14	108	311	2	90	115	687	33	654
Santa Clara	868	144	724	1,125	164	213	358	1,530	367	1,163
Santa Cruz	87	7	80	118	0	30	31	448	26	422
Shasta	405	25	380	27	8	168	129	310	102	208
Sierra	3	0	3	0	0	3	0	4	1	3
Siskiyou	82	5	77	8	0	40	32	76	25	52
Solano	56	9	47	14	1	45	29	281	4	277
Sonoma	477	71	406	231	1	126	243	778	259	519
Stanislaus	676	102	575	349	75	297	375	806	256	550
Sutter	112	8	104	43	5	76	88	218	74	144
Tehama	168	9	159	67	0	86	82	116	42	75
Trinity	20	1	19	1	0	23	11	19	5	14
Tulare	853	152	701	364	0	428	418	1,077	365	712
Tuolumne	61	3	58	5	0	44	31	59	17	42
Ventura	665	82	583	435	2	316	575	1,576	585	992
Yolo	127	13	114	29	13	44	45	207	38	169
Yuba	236	14	222	53	2	121	124	187	83	105
Not Reported	0	0	0	0	0	0	0	0	0	0

TABLE 19 (Continued)

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2001

(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	NOT REPORTED
STATEWIDE	1,479	28	2	5,151	56,573	209	6,541	5,824
Alameda	6	3	0	14	957	15	250	0
Alpine	0	0	0	0	0	0	0	0
Amador	1	0	0	2	14	0	6	0
Butte	6	0	0	10	87	0	40	0
Calaveras	1	1	0	3	0	0	5	0
Colusa	2	0	0	1	17	0	6	0
Contra Costa	24	2	0	6	354	0	111	0
Del Norte	1	0	0	2	0	0	6	0
El Dorado	10	0	0	3	19	0	33	0
Fresno	22	0	0	4	1,688	8	293	0
Glenn	3	0	0	0	26	0	8	0
Humboldt	11	0	0	4	146	1	47	0
Imperial	4	0	0	10	335	0	48	0
Inyo	1	0	0	1	2	0	6	0
Kern	59	1	0	19	706	0	179	0
Kings	14	0	0	2	236	0	44	0
Lake	1	0	0	4	5	0	13	0
Lassen	1	0	0	2	16	0	5	0
Los Angeles	818	2	1	211	30,088	3	1,177	0
Madera	32	0	0	11	178	0	42	0
Marin	17	0	0	2	124	0	12	0
Mariposa	0	0	0	0	1	0	3	0
Mendocino	11	0	0	5	12	0	25	0
Merced	5	0	0	8	109	0	54	0
Modoc	1	0	0	1	3	0	0	0
Mono	3	0	0	0	2	0	0	0
Monterey	84	0	0	36	672	2	186	0
Napa	5	0	0	8	92	0	10	0
Nevada	1	0	0	2	2	1	17	0
Orange	42	0	0	4,503	6,536	4	537	0

TABLE 19 (Continued)

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2001

(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	NOT REPORTED
Placer	3	0	0	1	22	0	35	0
Plumas	0	0	0	1	9	0	2	0
Riverside	24	1	0	12	2,759	0	400	0
Sacramento	1	0	0	7	421	1	161	0
San Benito	4	0	0	2	83	0	29	0
San Bernardino	18	4	0	23	2,968	0	512	0
San Diego	88	2	0	28	3,253	3	516	0
San Francisco	15	0	0	8	400	13	188	0
San Joaquin	39	0	0	12	667	5	141	0
San Luis Obispo	2	1	0	3	117	0	39	0
San Mateo	2	4	0	62	135	3	121	0
Santa Barbara	12	0	0	21	121	0	103	0
Santa Clara	7	1	0	9	842	138	208	0
Santa Cruz	6	0	0	10	43	1	120	0
Shasta	6	0	0	9	7	0	25	0
Sierra	1	0	0	0	0	0	0	0
Siskiyou	1	0	0	5	8	0	8	0
Solano	3	0	0	17	327	3	62	0
Sonoma	16	0	0	3	290	0	69	0
Stanislaus	2	0	0	6	170	0	143	0
Sutter	4	0	0	6	46	0	17	0
Tehama	5	0	0	2	61	1	18	0
Trinity	0	0	0	1	0	0	1	0
Tulare	2	2	0	8	807	1	171	0
Tuolumne	1	0	0	1	12	0	7	0
Ventura	25	0	0	10	492	2	250	0
Yolo	1	2	0	9	75	1	23	0
Yuba	5	0	0	5	12	0	10	0
Not Reported	0	0	0	0	0	0	0	5,824

Note: FFS = Fee-For-Service.

Averages are rounded independently and may not add to totals.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

This table reflects only FFS provider payments. Therefore, data are limited for counties with Medi-Cal Managed Care populations.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 20

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2001
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
STATEWIDE	\$12,800,754,833	\$6,798,088,992	\$1,315,874,886	\$166,913,783	\$4,485,390,505	\$829,909,818	\$4,747,183,880	\$1,976,272,349	\$17,705,834	\$1,449,162,617	\$1,304,043,080
Alameda	489,729,265	278,451,548	50,572,447	6,074,656	193,345,961	28,458,485	178,492,250	101,608,535	448,570	52,434,134	24,001,012
Alpine	319,597	220,681	20,631	560	92,386	107,104	94,736	728	0	44,849	49,159
Amador	10,401,896	4,004,570	502,942	73,372	2,520,736	907,520	5,916,571	3,485,497	3,072	696,057	1,731,946
Butte	134,362,712	79,596,572	7,089,555	1,975,433	53,530,827	17,000,756	49,644,969	24,217,796	293,043	8,264,846	16,869,284
Calaveras	14,809,040	8,395,209	1,152,396	136,317	5,288,298	1,818,198	5,784,341	3,174,412	509	405,624	2,203,796
Colusa	9,101,455	3,244,524	555,662	81,881	2,006,196	600,786	4,581,429	1,963,745	1,010	604,827	2,011,847
Contra Costa	236,254,560	120,432,166	20,908,858	3,167,072	82,415,443	13,940,793	99,747,350	54,553,913	255,761	23,568,613	21,369,063
Del Norte	18,477,352	12,639,903	914,775	184,155	8,589,243	2,951,730	4,793,476	1,598,603	581	513,478	2,680,813
El Dorado	37,287,783	16,483,969	1,845,647	286,004	10,905,441	3,446,877	18,892,290	10,794,481	171,327	2,473,534	5,452,948
Fresno	375,892,407	207,390,828	30,827,414	5,734,869	135,499,535	35,329,011	139,379,448	60,306,513	901,590	29,893,335	48,278,010
Glenn	15,153,730	8,275,541	924,474	131,171	4,996,579	2,223,317	5,110,766	1,849,191	1,001	804,114	2,456,460
Humboldt	79,310,300	49,298,482	4,219,899	1,050,522	34,745,831	9,282,231	26,166,824	10,500,119	67,813	4,614,604	10,984,288
Imperial	101,902,766	60,688,458	15,874,532	991,061	28,733,429	15,089,436	35,666,879	9,384,245	75,813	4,157,596	22,049,226
Inyo	8,894,872	3,600,848	446,695	15,731	2,293,021	845,401	4,799,984	2,797,229	4,455	445,267	1,553,033
Kern	265,230,504	142,415,998	16,890,842	3,937,819	98,885,629	22,701,708	103,379,582	49,384,580	217,298	20,178,189	33,599,514
Kings	63,170,259	32,659,137	3,867,458	579,117	18,119,830	10,092,731	25,562,245	8,149,954	119,742	3,063,452	14,229,097
Lake	47,356,534	31,657,431	3,786,208	546,252	20,572,301	6,752,669	14,471,553	6,515,893	42,979	2,627,239	5,285,442
Lassen	14,267,537	8,205,957	616,308	84,206	5,220,766	2,284,677	5,431,145	2,943,098	89,698	583,138	1,815,211
Los Angeles	4,697,724,396	2,653,613,359	670,087,094	66,361,154	1,646,359,083	270,806,028	1,520,069,849	631,239,540	6,707,613	459,206,199	422,916,497
Madera	72,802,064	36,786,791	4,503,062	840,863	19,866,503	11,576,364	26,999,388	9,753,673	83,799	4,115,005	13,046,911
Marin	51,880,136	24,526,804	3,159,048	472,624	18,955,183	1,939,949	22,749,551	12,419,140	328,507	5,931,227	4,070,677
Mariposa	7,271,883	3,110,180	431,591	131,405	1,760,997	786,187	3,907,618	2,267,173	1,247	428,193	1,211,005
Mendocino	55,344,322	33,195,314	3,188,460	667,496	22,348,034	6,991,325	18,332,524	7,136,125	89,066	3,035,892	8,071,440
Merced	119,537,714	67,959,794	8,620,543	1,693,296	37,016,478	20,629,476	45,171,394	14,713,353	305,723	6,599,450	23,552,868
Modoc	9,397,601	3,995,952	463,777	17,671	2,195,920	1,318,583	5,171,707	3,947,568	68,477	518,194	637,468
Mono	2,314,404	748,330	54,318	1,186	487,767	205,059	716,796	96,681	0	216,258	403,857
Monterey	52,218,157	15,492,071	1,139,202	173,937	9,906,275	4,272,656	14,791,694	690,661	2,333	1,239,825	12,858,875
Napa	9,401,390	3,636,197	307,759	23,835	3,099,432	205,171	3,723,040	1,491,649	10	1,262,932	968,450
Nevada	28,976,915	11,843,691	1,207,086	429,538	8,666,032	1,541,035	15,691,639	9,506,781	152,304	2,995,516	3,037,037
Orange	385,489,244	130,171,835	9,778,984	3,386,147	98,006,838	18,999,866	162,796,495	6,588,781	327,402	89,419,538	66,460,774

TABLE 20 (Continued)

MEDI-CAL PROGRAM

TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 2001

(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PUBLIC ASSISTANCE					MEDICALLY NEEDY				
		Total	Aged	Blind	Disabled	Families	Total	Aged	Blind	Disabled	Families
Placer	62,842,064	28,804,694	2,918,735	433,926	20,624,293	4,827,740	30,625,388	19,088,599	132,072	6,285,207	5,119,509
Plumas	12,426,533	5,379,189	556,327	137,921	3,839,264	845,677	6,707,641	4,309,230	13,272	444,241	1,940,897
Riverside	491,271,961	249,890,538	32,454,539	7,558,635	182,137,924	27,739,440	190,774,104	79,833,497	486,709	49,896,424	60,557,474
Sacramento	395,822,565	240,048,371	32,218,189	5,543,113	177,373,704	24,913,365	133,665,462	71,946,506	180,768	41,562,837	19,975,351
San Benito	15,643,782	4,941,531	807,060	47,975	2,833,412	1,253,084	7,529,316	3,615,998	94,881	763,876	3,054,562
San Bernardino	677,759,265	387,872,057	40,323,354	11,225,637	276,044,892	60,278,175	234,573,801	92,799,554	675,963	59,530,284	81,568,000
San Diego	877,030,958	491,557,621	90,537,175	13,838,648	350,938,444	36,243,354	320,038,765	150,639,551	586,992	96,904,806	71,907,416
San Francisco	469,660,603	280,103,915	83,984,699	6,463,957	179,952,915	9,702,343	166,393,850	92,541,130	705,872	58,453,711	14,693,137
San Joaquin	243,182,206	132,167,868	17,329,711	3,599,014	96,250,040	14,989,104	94,405,104	50,284,515	426,952	23,828,861	19,864,776
San Luis Obispo	79,818,646	37,563,235	3,417,387	830,081	26,936,853	6,378,915	37,857,233	17,345,712	28,816	10,184,547	10,298,159
San Mateo	88,064,950	23,917,142	9,467,810	422,271	12,956,877	1,070,185	53,211,655	36,732,042	394,154	9,744,931	6,340,528
Santa Barbara	32,112,176	8,828,322	1,284,220	175,199	4,602,159	2,766,744	12,097,696	925,203	945	1,123,874	10,047,675
Santa Clara	518,759,335	217,422,386	65,481,802	5,411,688	132,055,423	14,473,473	261,776,728	100,344,098	1,722,595	118,303,164	41,406,870
Santa Cruz	29,218,586	11,704,742	1,195,145	234,098	8,682,283	1,593,215	9,651,787	563,485	67,815	1,713,472	7,307,016
Shasta	128,995,056	77,031,334	6,537,084	1,133,604	52,961,431	16,399,216	46,849,321	20,463,579	90,853	9,773,905	16,520,984
Sierra	2,572,609	800,498	162,129	9,163	435,490	193,716	1,698,641	1,358,830	0	153,789	186,023
Siskiyou	26,894,463	16,776,263	1,827,408	107,556	11,291,164	3,550,136	9,267,177	4,661,431	34	863,888	3,741,824
Solano	13,901,679	5,485,183	658,417	88,484	3,143,356	1,594,925	4,734,057	460,047	3,642	624,813	3,645,555
Sonoma	243,183,924	87,964,135	6,396,055	1,749,203	72,781,499	7,037,378	142,554,055	26,763,077	251,269	98,814,989	16,724,720
Stanislaus	206,814,078	110,297,548	15,513,465	2,456,524	76,921,877	15,405,683	84,225,426	41,420,037	146,271	11,286,722	31,372,396
Sutter	46,552,609	25,039,702	3,138,144	327,642	16,528,167	5,045,749	18,555,874	8,135,157	88,037	1,936,787	8,395,893
Tehama	38,830,642	22,320,785	2,126,512	292,252	14,600,634	5,301,387	14,005,583	6,780,281	61,904	1,749,503	5,413,894
Trinity	8,885,396	4,854,326	486,275	55,515	3,275,442	1,037,093	3,762,815	2,122,335	0	492,360	1,148,120
Tulare	299,249,808	127,162,486	14,156,371	2,652,908	87,758,947	22,594,260	152,930,541	33,730,536	449,196	86,631,992	32,118,816
Tuolumne	27,182,465	12,077,071	1,168,532	205,564	8,110,169	2,592,806	13,718,590	8,682,260	14,834	2,235,872	2,785,625
Ventura	222,006,219	94,356,024	14,189,984	2,113,782	60,391,981	17,660,277	108,545,123	40,747,513	264,123	22,133,444	45,400,043
Yolo	23,256,164	12,280,918	1,233,394	199,466	7,564,385	3,283,672	8,780,946	3,079,526	57,003	1,907,558	3,736,859
Yuba	41,785,315	28,698,971	2,347,299	350,609	17,967,486	8,033,578	10,209,667	3,818,964	116	1,475,637	4,914,950
Not Reported	62,749,985	0	0	0	0	0	0	0	0	0	0

TABLE 20 (Continued)

MEDI-CAL PROGRAM

TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 2001

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
STATEWIDE	\$185,170,467	\$58,394,811	\$126,775,656	\$381,364,598	\$7,006,875	\$33,949,093	\$32,366,552	\$376,412,350	\$57,535,673	\$318,876,677
Alameda	6,699,665	2,475,204	4,224,461	8,856,621	336,971	523,409	901,773	11,558,574	1,906,625	9,651,949
Alpine	1,341	(1,633)	2,975	277	0	74	59	2,356	(1,416)	3,772
Amador	194,208	7,456	186,752	20,475	0	23,855	19,871	171,991	63,797	108,193
Butte	1,934,004	255,998	1,678,005	388,089	55,259	381,079	260,776	1,720,781	305,581	1,415,200
Calaveras	128,707	24,744	103,963	35,611	34	48,316	36,371	310,053	88,573	221,480
Colusa	134,895	42,876	92,019	224,609	0	50,795	58,695	677,966	120,297	557,669
Contra Costa	2,603,609	816,861	1,786,748	3,150,340	71,294	295,049	579,019	7,277,531	1,376,123	5,901,408
Del Norte	530,258	98,073	432,185	97,746	0	105,218	54,249	222,113	43,291	178,822
El Dorado	409,679	129,355	280,323	225,511	690	240,784	103,860	689,183	88,331	600,852
Fresno	4,557,407	1,244,949	3,312,458	6,365,336	46,546	945,404	961,677	10,847,733	2,334,180	8,513,553
Glenn	293,534	48,990	244,544	588,199	0	84,327	134,130	573,519	98,740	474,779
Humboldt	1,746,528	265,184	1,481,345	169,844	13,168	241,640	115,242	976,315	111,610	864,704
Imperial	1,343,512	423,136	920,377	687,114	0	292,982	288,935	1,920,241	418,155	1,502,086
Inyo	44,913	1,274	43,639	88,254	0	4,116	13,855	273,604	23,384	250,220
Kern	2,653,696	1,050,999	1,602,698	5,275,543	2,966	1,012,806	657,296	7,146,254	1,569,633	5,576,621
Kings	815,832	262,530	553,302	902,542	0	279,920	283,389	1,892,586	439,366	1,453,220
Lake	520,961	105,678	415,283	192,996	0	120,390	31,784	277,153	43,909	233,244
Lassen	192,532	25,973	166,559	92,332	59	42,386	29,754	218,507	26,541	191,966
Los Angeles	68,455,035	20,779,067	47,675,968	233,966,721	3,668,275	13,696,720	11,639,545	117,012,401	17,318,267	99,694,134
Madera	1,592,295	248,957	1,343,338	3,317,111	2,173	538,977	798,150	2,139,559	695,232	1,444,327
Marin	581,947	214,398	367,549	1,554,000	37,802	55,269	134,937	1,855,051	390,372	1,464,680
Mariposa	87,915	13,057	74,858	2,543	0	31,471	25,586	85,460	31,729	53,731
Mendocino	903,441	144,752	758,689	622,771	2,161	236,483	303,786	1,524,632	244,986	1,279,646
Merced	1,197,209	336,586	860,622	1,437,482	0	295,992	301,498	2,648,618	536,520	2,112,098
Modoc	95,785	31,743	64,042	21,617	0	19,761	31,347	53,281	4,624	48,656
Mono	134,143	36,750	97,393	181,126	0	10,932	22,629	481,334	117,324	364,009
Monterey	681,527	33,603	647,924	8,484,627	4,990	277,772	273,928	8,962,103	956,295	8,005,807
Napa	139,689	15,855	123,834	11,160	986	19,751	22,387	1,571,331	39,086	1,532,245
Nevada	408,780	77,449	331,330	93,508	0	106,136	53,801	653,533	180,738	472,795
Orange	7,745,842	2,757,625	4,988,216	23,291,641	234,005	1,781,484	1,519,164	35,631,970	3,360,677	32,271,293

TABLE 20 (Continued)

MEDI-CAL PROGRAM

TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 2001

(FFS ONLY)

COUNTY OF BENEFICIARY	MEDICALLY INDIGENT			MI/MN NOT QUALIFIED ALIENS	REFUGEE/ ENTRANT	100 PERCENT POVERTY	133 PERCENT POVERTY	INCOME DISREGARD		
	Total	Adults	Children					Total	Infant	Pregnant Woman
Placer	1,048,439	198,126	850,313	339,910	9,322	99,148	82,267	1,506,512	258,489	1,248,023
Plumas	98,020	19,233	78,787	6,656	0	50,587	24,127	124,309	18,171	106,137
Riverside	9,708,411	3,451,703	6,256,708	9,117,754	13,577	1,704,002	1,598,089	19,719,492	3,740,897	15,978,594
Sacramento	6,103,989	2,623,768	3,480,221	3,960,160	758,681	264,318	449,005	8,819,106	1,279,417	7,539,689
San Benito	532,462	146,475	385,986	651,774	0	315,771	90,146	1,035,519	136,202	899,317
San Bernardino	11,495,945	3,549,969	7,945,975	13,423,367	26,477	1,532,340	1,482,039	16,443,391	3,152,943	13,290,448
San Diego	15,990,594	6,158,479	9,832,115	10,947,571	514,645	2,167,278	2,339,371	23,137,348	3,405,939	19,731,409
San Francisco	3,414,525	1,329,998	2,084,527	5,365,756	220,644	592,243	973,227	10,537,527	1,624,182	8,913,345
San Joaquin	2,659,748	709,534	1,950,214	4,411,150	12,906	528,663	520,119	6,121,652	1,296,921	4,824,731
San Luis Obispo	1,247,029	312,599	934,430	519,874	0	278,133	198,411	1,718,708	336,845	1,381,863
San Mateo	915,871	505,503	410,369	496,260	14,850	139,786	502,565	7,433,846	230,988	7,202,858
Santa Barbara	430,426	46,105	384,322	3,270,411	6,686	327,322	237,954	5,623,938	95,076	5,528,862
Santa Clara	5,252,327	2,217,508	3,034,819	13,252,181	496,028	622,813	972,469	14,792,893	2,467,998	12,324,895
Santa Cruz	403,900	49,632	354,267	1,620,261	347	87,422	84,485	4,454,720	318,737	4,135,983
Shasta	2,120,747	352,941	1,767,806	177,758	31,622	307,372	201,121	2,015,422	267,453	1,747,970
Sierra	17,087	0	17,087	59	81	8,493	723	22,568	2,088	20,480
Siskiyou	235,796	41,266	194,529	27,360	2,064	94,300	31,757	410,894	70,085	340,809
Solano	109,393	36,825	72,568	36,556	3,282	52,769	54,389	2,263,699	2,211	2,261,487
Sonoma	2,892,499	985,967	1,906,532	2,378,362	174	320,062	458,090	5,598,305	802,507	4,795,797
Stanislaus	2,988,484	922,030	2,066,454	2,365,930	218,143	361,701	482,695	4,675,234	862,751	3,812,483
Sutter	298,890	52,836	246,054	372,863	128,896	277,608	132,485	1,522,354	461,444	1,060,910
Tehama	596,254	81,923	514,331	499,598	0	311,356	140,263	670,844	74,582	596,262
Trinity	28,685	769	27,916	3,855	0	32,046	13,860	161,899	5,483	156,416
Tulare	4,681,489	1,461,284	3,220,205	3,252,061	432	692,482	596,973	7,031,387	1,458,811	5,572,576
Tuolumne	554,374	42,172	512,202	247,321	303	82,771	45,623	402,129	29,243	372,887
Ventura	3,298,037	741,962	2,556,075	3,842,699	5,070	669,258	747,399	8,477,819	1,664,756	6,813,063
Yolo	361,716	105,745	255,971	105,715	60,595	46,206	55,630	1,280,798	316,115	964,683
Yuba	856,445	282,973	573,472	325,630	4,673	219,546	193,776	1,034,306	222,768	811,539
Not Reported	0	0	0	0	0	0	0	0	0	0

TABLE 20 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY
CALENDAR YEAR 2001

(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	NOT REPORTED
STATEWIDE	\$4,938,834	\$320,876	\$2,468	\$7,926,144	\$117,459,646	\$464,844	\$45,049,720	\$62,749,985
Alameda	7,342	62,007	0	19,270	2,079,422	37,946	1,702,466	0
Alpine	(627)	(40)	40	816	204	0	0	0
Amador	870	0	0	1,213	17,237	0	31,035	0
Butte	5,736	66	0	9,519	130,429	223	235,210	0
Calaveras	3,109	22,105	0	1,493	0	0	43,692	0
Colusa	11,813	0	0	57,874	11,275	0	47,580	0
Contra Costa	85,972	18,827	0	31,974	1,122,637	2,643	836,151	0
Del Norte	949	0	0	2,931	0	0	30,509	0
El Dorado	15,380	353	0	1,785	20,275	37	203,989	0
Fresno	39,039	0	0	7,930	3,508,969	22,070	1,820,036	0
Glenn	3,247	0	0	96	42,936	0	47,433	0
Humboldt	20,260	311	0	5,350	267,220	4,422	284,694	0
Imperial	4,592	123	570	14,662	544,081	0	450,618	0
Inyo	5,072	0	0	1,292	1,988	0	60,946	0
Kern	274,454	1,032	0	42,553	1,100,990	9	1,267,326	0
Kings	23,236	0	0	1,327	416,511	0	333,533	0
Lake	6,124	0	0	2,096	4,893	0	71,153	0
Lassen	1,683	0	0	6,501	21,285	0	25,397	0
Los Angeles	3,173,698	14,008	1,733	430,161	63,409,786	18,247	8,553,200	0
Madera	74,258	0	0	9,000	296,043	0	248,320	0
Marin	67,645	0	0	3,052	265,435	0	48,643	0
Mariposa	117	0	0	30	389	0	20,576	0
Mendocino	20,683	0	0	5,565	17,664	0	179,298	0
Merced	6,175	0	0	5,089	182,843	87	328,695	0
Modoc	1,344	0	0	625	4,430	0	1,754	0
Mono	15,461	582	0	0	3,070	0	0	0
Monterey	266,718	816	0	110,481	1,315,724	5,799	1,549,907	0
Napa	4,664	0	0	36,535	168,409	0	67,241	0
Nevada	4,407	0	0	2,367	1,688	790	116,575	0
Orange	86,978	0	0	6,385,633	11,855,353	4,585	3,984,292	0

TABLE 20 (Continued)

MEDI-CAL PROGRAM

TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY, PROGRAM, AND AID CATEGORY

CALENDAR YEAR 2001

(FFS ONLY)

COUNTY OF BENEFICIARY	60-DAY POSTPARTUM	DIALYSIS	TOTAL PARENTERAL NUTRITION	QUALIFIED MEDICARE BENEFICIARY	PRESUMPTIVE ELIGIBILITY FOR PREGNANT WOMEN	MEDI-CAL TUBERCULOSIS PROGRAM	MINOR CONSENT	NOT REPORTED
Placer	12,830	0	0	2,591	39,317	0	271,647	0
Plumas	591	0	0	428	17,520	0	17,465	0
Riverside	48,744	9,120	0	22,520	5,921,113	76	2,744,421	0
Sacramento	833	768	0	5,200	883,636	2,673	860,363	0
San Benito	15,411	0	0	3,099	256,545	0	272,208	0
San Bernardino	59,154	58,666	26	41,036	7,122,793	542	3,627,630	0
San Diego	142,715	19,168	0	70,765	6,686,576	4,655	3,410,109	0
San Francisco	26,629	0	0	6,504	778,225	94,668	1,152,786	0
San Joaquin	217,623	0	0	13,145	1,087,741	26,008	1,010,476	0
San Luis Obispo	6,904	163	0	1,865	231,497	212	195,383	0
San Mateo	3,084	26,492	0	211,282	289,209	6,651	895,613	0
Santa Barbara	15,376	4,760	0	94,745	484,647	0	689,891	0
Santa Clara	18,372	1,363	0	7,347	2,568,931	193,027	1,382,470	0
Santa Cruz	15,179	4	0	49,165	73,732	122	1,072,720	0
Shasta	17,613	0	0	12,118	14,296	694	215,636	0
Sierra	561	23,431	0	0	342	0	126	0
Siskiyou	1,892	0	0	6,053	12,127	0	28,782	0
Solano	6,770	0	39	124,553	608,302	4,953	417,743	0
Sonoma	15,911	967	0	7,721	540,057	0	453,586	0
Stanislaus	2,617	0	0	6,824	293,571	65	895,990	0
Sutter	15,807	84	0	5,165	68,088	365	134,462	0
Tehama	7,087	188	0	927	97,993	13,807	165,958	0
Trinity	221	0	0	1,988	139	0	25,564	0
Tulare	3,558	48,364	0	3,923	1,601,829	11,884	992,579	0
Tuolumne	2,918	0	61	161	23,428	0	26,859	0
Ventura	31,480	1,458	0	12,904	737,575	6,158	1,224,841	0
Yolo	1,650	5,690	0	10,659	186,457	1,426	77,759	0
Yuba	16,907	0	0	6,238	22,772	0	196,385	0
Not Reported	0	0	0	0	0	0	0	51,465,700

Note: FFS = Fee-For-Service.

Payments are rounded independently and may not add to totals. Figures in parentheses () indicate negative numbers.

This table reflects only FFS provider payments. Therefore, data are limited for counties with Medi-Cal Managed Care populations.

The 185 Percent and 200 Percent programs have merged and are now called Income Disregard.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 21

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2001
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
STATEWIDE	1,805,434	527,808	933,338	278,579	35,689	7,620	40,544	36,562	185,549	3,573	71,940
Alameda	62,029	14,983	35,211	9,087	1,284	321	2,422	1,187	5,401	2	3,320
Alpine	84	28	18	9	3	0	0	2	17	0	0
Amador	1,656	487	1,036	118	55	0	8	28	403	0	89
Butte	22,500	5,900	14,825	1,609	639	2	12	424	6,888	2	790
Calaveras	2,615	717	1,661	235	82	4	41	47	600	0	94
Colusa	1,912	509	1,127	96	31	0	1	38	465	0	57
Contra Costa	29,876	5,616	14,811	3,993	405	233	346	476	2,323	1	1,769
Del Norte	3,598	780	2,409	126	126	0	2	56	723	0	54
El Dorado	6,103	2,263	3,659	742	169	0	5	137	1,399	1	281
Fresno	71,245	17,671	31,318	12,294	1,120	8	50	1,292	8,622	2	2,354
Glenn	2,806	588	1,703	104	81	0	1	55	570	0	56
Humboldt	13,709	3,702	8,526	734	378	1	10	256	2,858	1	328
Imperial	21,498	8,012	12,746	1,751	704	2	16	436	2,959	0	254
Inyo	1,385	377	797	42	30	1	6	28	246	0	68
Kern	46,325	10,645	21,411	8,077	874	384	2,316	626	2,952	1	1,548
Kings	13,198	3,245	7,653	908	405	1	8	277	1,918	2	280
Lake	8,197	2,369	5,406	436	265	2	11	134	1,908	1	211
Lassen	2,501	455	1,522	103	60	0	1	45	491	0	88
Los Angeles	620,765	203,854	318,117	106,075	10,982	3,263	6,466	13,958	49,747	731	26,619
Madera	14,738	5,703	9,047	1,685	249	7	40	293	2,374	1	343
Marin	6,283	1,626	3,873	617	67	1	15	128	898	0	430
Mariposa	1,215	283	727	94	26	4	36	13	217	0	43
Mendocino	9,583	1,804	5,231	400	189	1	9	178	2,206	0	262
Merced	27,625	9,684	16,629	2,731	568	139	1,403	319	2,659	2	515
Modoc	1,047	196	636	19	57	0	1	19	211	0	73
Mono	395	82	143	8	7	0	1	11	69	0	2
Monterey	11,980	1,986	1,966	2,493	1	192	811	156	580	1	8
Napa	1,469	271	497	349	6	0	1	33	74	9	33
Nevada	3,849	1,442	2,393	357	82	0	2	83	806	2	274
Orange	58,258	17,101	14,127	16,956	94	6	17	1,846	4,755	808	308

TABLE 21 (Continued)

MEDI-CAL PROGRAM
AVERAGE MONTHLY USERS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2001
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
Placer	8,573	3,055	5,491	926	233	1	8	158	1,113	2	637
Plumas	1,559	244	1,007	26	74	0	2	33	356	0	94
Riverside	67,133	23,670	35,310	11,748	1,553	376	2,533	1,682	6,610	4	2,922
Sacramento	58,589	19,291	34,908	4,530	1,278	10	75	1,136	6,462	4	2,582
San Benito	2,622	850	1,560	214	47	3	35	69	479	0	70
San Bernardino	94,701	33,058	48,057	17,294	2,482	492	3,940	2,162	9,862	9	3,679
San Diego	114,265	34,981	62,645	17,948	2,235	7	44	2,698	11,926	2	5,564
San Francisco	53,683	11,678	34,535	6,306	1,175	456	3,314	610	6,296	3	2,375
San Joaquin	36,916	10,033	19,890	5,845	788	326	2,325	473	3,718	3	1,830
San Luis Obispo	12,915	3,838	7,883	994	396	45	1,611	187	2,042	1	590
San Mateo	7,337	684	362	1,986	3	6	74	158	401	3	1,299
Santa Barbara	7,940	911	580	2,739	22	1	8	210	243	1	31
Santa Clara	56,554	10,610	31,457	8,083	1,125	677	3,712	613	3,331	452	3,147
Santa Cruz	4,972	655	1,131	1,418	3	2	6	142	502	0	9
Shasta	19,000	5,711	12,579	1,610	622	2	14	363	3,191	2	670
Sierra	210	29	137	4	6	0	1	4	31	0	30
Siskiyou	4,864	1,118	3,164	497	155	0	4	91	1,104	0	129
Solano	4,621	519	351	2,155	2	0	4	69	240	3	3
Sonoma	19,006	4,938	11,032	1,586	373	1	14	390	3,830	819	994
Stanislaus	37,523	11,061	22,059	4,960	1,063	11	113	727	3,653	1	1,292
Sutter	7,819	2,246	4,812	811	198	1	3	157	1,291	1	231
Tehama	6,548	1,805	4,287	474	194	0	5	123	1,296	1	201
Trinity	1,401	425	905	121	36	13	218	16	96	0	35
Tulare	43,062	7,773	16,812	4,901	861	6	36	695	4,183	656	1,179
Tuolumne	4,168	1,067	2,649	358	122	22	658	38	792	3	178
Ventura	40,212	10,869	23,101	4,052	1,249	348	7,692	512	4,592	9	1,347
Yolo	6,294	1,664	2,021	1,478	118	0	3	86	1,044	3	141
Yuba	8,686	2,413	5,302	759	232	1	4	165	1,457	1	117
Not Reported	5,824	234	85	2,507	5	240	28	217	71	26	16

/1/ Nursing Facilities and Intermediate Care Facilities - Developmentally Disabled combined.

This table reflects only FFS provider payments. Therefore data are limited for counties with Medi-Cal Managed Care populations.

Note: FFS = Fee-For-Service.

Averages are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 22

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2001
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
STATEWIDE	#####	\$923,379,287	\$3,110,003,139	\$615,916,589	\$26,992,206	\$569,219,807	\$55,486,442	\$2,080,974,957	\$238,809,849	\$538,543,375	\$2,939,516,189
Alameda	489,729,265	23,450,174	119,232,462	17,381,319	936,127	22,781,167	4,110,322	83,701,067	6,569,354	240,500	150,462,946
Alpine	319,597	29,236	55,630	12,836	1,946	0	430	66,047	17,658	0	16
Amador	10,401,896	643,757	2,716,228	266,780	34,891	30,322	8,642	1,516,288	455,500	0	3,417,188
Butte	134,362,712	7,247,021	43,733,242	3,429,196	461,670	200,796	13,131	21,448,131	7,545,891	444,184	28,666,439
Calaveras	14,809,040	982,992	4,496,346	471,768	54,340	167,015	47,047	2,587,641	573,695	0	3,276,766
Colusa	9,101,455	687,152	2,434,001	205,900	21,356	2,096	1,585	1,701,835	497,351	56,430	2,047,650
Contra Costa	236,254,560	10,131,605	48,008,687	7,588,474	276,782	11,575,738	498,011	40,456,125	2,910,522	196,515	74,033,288
Del Norte	18,477,352	904,030	7,381,411	275,949	89,453	6,056	2,307	3,180,153	1,139,887	0	1,783,123
El Dorado	37,287,783	3,026,441	9,437,329	1,443,990	128,980	7,154	6,368	7,884,889	1,425,023	147,627	10,887,401
Fresno	375,892,407	27,639,305	90,792,891	27,235,624	745,253	578,883	156,534	76,760,156	11,051,002	171,973	94,112,885
Glenn	15,153,730	904,412	4,614,325	263,393	60,347	12,659	787	3,479,394	623,279	0	1,980,464
Humboldt	79,310,300	5,648,645	27,113,298	1,266,768	284,687	153,519	11,465	14,741,189	3,394,143	177,397	12,396,302
Imperial	101,902,766	10,804,162	34,648,706	4,329,584	506,101	287,447	19,798	22,555,391	3,475,521	0	10,287,840
Inyo	8,894,872	503,626	1,985,659	101,954	19,470	27,459	6,682	1,805,440	257,958	0	2,697,646
Kern	265,230,504	17,780,485	67,998,069	16,306,930	622,134	19,940,085	3,502,772	34,297,138	3,509,276	68,976	66,875,397
Kings	63,170,259	4,837,792	16,665,804	1,893,615	324,976	110,281	8,991	14,808,967	2,116,586	272,184	10,232,622
Lake	47,356,534	2,938,136	15,399,154	914,086	194,093	121,980	17,828	9,388,454	2,143,343	190,901	7,456,867
Lassen	14,267,537	572,228	4,121,508	215,356	44,589	2,390	1,243	2,458,255	588,812	2,875	3,711,502
Los Angeles	4,697,724,396	392,978,282	1,178,326,504	253,432,658	8,370,103	276,229,805	9,822,066	751,469,137	70,304,157	111,247,379	977,584,288
Madera	72,802,064	7,751,380	18,973,156	3,448,491	160,081	255,092	45,362	16,200,976	2,500,091	133,848	13,947,599
Marin	51,880,136	2,225,946	16,250,688	960,727	48,260	76,040	19,703	7,076,089	1,078,077	11	17,706,350
Mariposa	7,271,883	403,022	1,923,883	189,885	16,058	113,768	42,844	701,454	233,071	0	2,203,545
Mendocino	55,344,322	2,771,883	15,118,842	667,499	147,927	52,100	9,907	10,559,848	2,767,696	27,415	9,205,416
Merced	119,537,714	11,909,205	35,140,941	6,090,754	431,673	5,060,874	1,252,237	18,001,190	2,784,144	351,872	19,034,813
Modoc	9,397,601	308,494	1,624,880	64,963	34,889	3,144	496	1,441,630	241,870	0	4,461,896
Mono	2,314,404	153,356	447,822	17,614	4,829	0	721	1,047,024	57,210	0	56,608
Monterey	52,218,157	5,065,662	7,368,182	5,194,103	2,247	8,640,574	767,304	12,806,627	684,656	208,623	227,775
Napa	9,401,390	599,878	1,907,419	537,972	4,575	4,492	995	2,383,720	67,584	1,179,833	1,846,804
Nevada	28,976,915	1,742,884	8,240,712	596,645	60,922	0	1,949	3,806,205	965,120	232,816	10,380,554
Orange	385,489,244	43,692,230	42,177,386	38,429,654	70,905	373,723	24,100	89,448,782	5,992,858	112,556,312	10,193,825

TABLE 22 (Continued)

MEDI-CAL PROGRAM
TOTAL ANNUAL PAYMENTS BY COUNTY OF BENEFICIARY AND SELECTED TYPES OF PROVIDERS
CALENDAR YEAR 2001
(FFS ONLY)

COUNTY OF BENEFICIARY	TOTAL	PHYSICIANS	PHARMACIES	DENTISTS	OPTOMETRISTS	COUNTY HOSPITAL		COMMUNITY HOSPITAL		STATE HOSPITALS	LONG- TERM CARE/1/
						Inpatient	Outpatient	Inpatient	Outpatient		
Placer	62,842,064	4,190,939	16,456,076	1,662,042	174,679	54,614	9,722	9,199,440	1,276,544	277,156	23,048,382
Plumas	12,426,533	388,461	2,951,900	65,732	63,347	3,600	1,238	1,807,075	493,873	0	4,507,147
Riverside	491,271,961	44,830,165	120,924,816	26,734,864	1,193,430	22,467,732	3,079,611	88,040,782	8,630,552	681,871	121,141,727
Sacramento	395,822,565	31,012,951	113,525,037	10,161,505	1,049,848	610,977	97,530	75,859,506	8,711,148	684,364	102,523,442
San Benito	15,643,782	1,306,641	3,159,973	424,068	39,971	550,817	47,417	3,885,856	455,469	0	3,626,077
San Bernardino	677,759,265	60,841,939	147,062,901	40,270,730	1,902,474	42,350,048	5,119,846	132,376,798	12,847,264	1,454,264	163,016,124
San Diego	877,030,958	60,425,304	253,808,468	38,447,527	1,784,460	557,432	51,548	152,229,866	17,671,026	186,742	235,915,981
San Francisco	469,660,603	15,835,690	135,463,526	12,244,191	966,991	29,267,132	4,547,745	38,840,274	8,731,130	440,535	169,633,443
San Joaquin	243,182,206	15,548,343	57,591,044	12,201,366	571,713	20,608,041	2,845,925	27,428,460	4,035,034	505,514	76,025,278
San Luis Obispo	79,818,646	5,488,973	25,024,911	1,865,296	279,402	1,484,752	1,763,400	8,378,811	2,033,080	155,547	24,581,714
San Mateo	88,064,950	2,098,394	325,403	3,657,418	2,214	511,568	91,464	7,671,307	447,461	589,360	62,321,649
Santa Barbara	32,112,176	3,012,468	747,429	5,236,255	15,449	58,283	5,962	8,563,826	200,330	151,549	1,217,355
Santa Clara	518,759,335	13,488,817	95,675,913	16,568,902	835,775	59,735,512	7,553,228	35,275,859	4,294,004	92,564,244	140,200,645
Santa Cruz	29,218,586	2,200,156	5,088,592	2,415,907	2,277	296,070	9,376	10,242,732	587,587	56,590	369,625
Shasta	128,995,056	8,375,696	37,963,216	3,547,458	481,705	35,541	17,492	28,887,053	4,510,502	163,337	26,672,222
Sierra	2,572,609	46,864	398,915	11,293	6,049	0	678	198,907	36,603	55,207	1,547,855
Siskiyou	26,894,463	1,568,322	8,069,288	968,537	121,068	11,848	5,380	5,380,032	1,366,066	0	5,838,122
Solano	13,901,679	1,050,872	1,048,954	4,333,497	1,486	15,404	6,536	3,658,983	447,978	468,609	87,730
Sonoma	243,183,924	7,007,610	33,628,449	3,014,991	289,005	60,167	17,615	30,641,464	4,470,644	109,764,551	37,388,281
Stanislaus	206,814,078	15,812,863	58,646,647	10,836,802	782,776	711,048	132,469	39,809,859	4,157,038	139,900	50,659,276
Sutter	46,552,609	3,165,671	16,441,239	1,733,114	128,316	73,967	6,207	9,566,199	1,532,597	89,596	8,446,807
Tehama	38,830,642	2,588,320	12,621,318	979,906	148,645	7,994	5,915	7,965,185	1,766,077	150,781	6,391,848
Trinity	8,885,396	584,381	2,796,667	233,242	27,833	633,902	227,506	1,143,144	162,414	0	2,096,849
Tulare	299,249,808	11,534,425	46,857,963	11,165,516	620,743	351,629	46,343	42,039,628	4,994,204	95,842,215	47,038,044
Tuolumne	27,182,465	1,417,046	7,024,507	706,473	80,424	628,723	632,237	2,062,750	865,617	494,379	9,407,290
Ventura	222,006,219	15,457,459	57,234,284	8,530,260	999,936	20,190,592	8,664,618	24,377,117	4,952,556	1,487,667	55,343,423
Yolo	23,256,164	1,920,850	4,744,820	3,020,182	96,230	11,739	4,302	4,243,914	1,187,391	322,939	4,354,245
Yuba	41,785,315	3,379,696	14,468,900	1,566,667	162,627	72,558	3,841	8,955,901	1,750,831	163,474	4,359,348
Not Reported	62,749,985	466,551	1,916,820	78,363	3,670	21,043,456	89,661	14,464,985	223,492	3,745,310	580,445

/1/ Nursing Facilities and Intermediate Care Facilities - Developmentally Disabled combined.

Note: FFS = Fee-For-Service.

Payments are rounded independently and may not add to totals.

This table reflects only FFS provider payments. Therefore data are limited for counties with Medi-Cal Managed Care populations.

Source: State of California, Department of Health Services, Medi-Cal Services and Expenditures Month of Payment Calendar Year Report.

TABLE 23A
MEDI-CAL PROGRAM
NUMBER OF INPATIENT HOSPITALS, LONG TERM CARE FACILITIES, AND
PHYSICIANS RECEIVING MEDI-CAL PROGRAM PAYMENTS BY COUNTY OF PROVIDER
CALENDAR YEAR 2001

COUNTY OF PROVIDER	ACUTE INPATIENT HOSPITALS	LONG TERM CARE FACILITIES	PHYSICIANS AND PHYSICIAN GROUPS BY SPECIALTY					
			GENERAL/FAMILY		INTERNAL MEDICINE	OB-GYN	PEDIATRIC	ALL OTHER
			TOTAL	PRACTICE				
STATEWIDE	803	2,307	21,860	4,104	3,062	1,620	1,282	11,792
Alameda	14	107	858	131	156	60	63	448
Alpine	0	0	2	2	0	0	0	0
Amador	1	2	30	12	4	3	1	10
Butte	4	24	206	45	29	17	15	100
Calaveras	1	2	22	13	3	1	1	4
Colusa	1	1	4	1	0	0	0	3
Contra Costa	9	53	379	60	58	26	26	209
Del Norte	1	1	30	8	5	6	1	10
El Dorado	2	4	80	29	3	7	1	40
Fresno	12	86	474	89	71	48	34	232
Glenn	1	2	5	4	1	0	0	0
Humboldt	5	9	142	37	16	12	7	70
Imperial	2	6	69	11	6	7	8	37
Inyo	2	2	22	3	5	3	1	10
Kern	12	55	404	79	55	37	24	209
Kings	3	9	51	17	4	2	2	26
Lake	2	5	33	14	3	1	1	14
Lassen	1	2	12	5	1	1	2	3
Los Angeles	116	687	6,901	1,409	1,050	523	416	3,503
Madera	2	15	52	9	6	6	5	26
Marin	4	21	200	39	25	13	8	115
Mariposa	1	2	5	4	1	0	0	0
Mendocino	3	11	79	12	9	10	1	47
Merced	4	19	114	28	18	5	7	56
Modoc	2	2	4	3	0	1	0	0
Mono	1	0	11	1	0	0	0	10
Monterey	4	11	193	46	15	20	11	101
Napa	3	10	143	19	17	4	4	99
Nevada	2	9	78	21	13	8	1	35
Orange	35	91	1,924	326	233	185	86	1,094
Placer	2	17	121	25	11	6	5	74
Plumas	4	4	22	13	1	0	0	8
Riverside	17	128	769	164	118	64	56	367
Sacramento	12	55	512	99	57	48	40	268
San Benito	1	2	28	10	2	3	3	10
San Bernardino	22	165	731	175	108	57	61	330
San Diego	27	166	1,603	282	227	109	68	917
San Francisco	12	24	808	85	176	38	51	458
San Joaquin	8	58	348	69	35	17	19	208
San Luis Obispo	5	21	167	29	23	7	10	98
San Mateo	7	42	262	32	49	27	10	144
Santa Barbara	8	21	220	26	27	24	19	124
Santa Clara	13	85	806	127	139	61	71	408
Santa Cruz	3	12	141	20	17	8	13	83
Shasta	5	30	200	63	19	11	9	98
Sierra	1	1	0	0	0	0	0	0
Siskiyou	2	4	43	9	8	1	2	23
Solano	6	21	89	23	14	6	4	42
Sonoma	9	46	355	99	38	17	8	193
Stanislaus	6	24	312	68	33	24	18	169
Sutter	1	8	72	13	6	8	11	34
Tehama	1	3	38	13	5	4	0	16
Trinity	1	2	5	3	0	0	0	2
Tulare	6	51	238	55	36	16	21	110
Tuolumne	2	3	38	8	4	3	0	23
Ventura	10	48	476	91	66	36	34	249
Yolo	2	13	18	2	0	2	0	14
Yuba	1	2	21	6	4	0	0	11
Out of State/ Not Reported	359	3	890	18	32	17	23	800

Note: This table reflects only Fee-For-Service provider payments, therefore, data are limited for counties with Medi-Cal Managed Care populations.

Source: State of California, Department of Health Services, Medi-Cal Provider Master File (PS-F-001).
State of California, Department of Health Services, Medi-Cal Provider Financial Master File (PS-F-121).

TABLE 23B

MEDI-CAL PROVIDERS PER 1,000 FFS ELIGIBLES
CALENDAR YEARS 1999, 2000 AND 2001

PROVIDERS	CALENDAR YEAR		
	1999	2000	2001
TOTAL PHYSICIANS	9.4	8.8	8.1
General Practice	1.8	1.7	1.5
OB-GYN	0.7	0.6	0.6
Internal Medicine	1.2	1.2	1.1
Pediatric	0.5	0.5	0.5
All Other	5.2	4.8	4.4
HOSPITALS	0.3	0.3	0.3
ACUPUNCTURISTS	0.3	0.3	0.3
CHIROPRACTORS	0.2	0.1	0.2
DENTISTS	3.5	3.4	3.1
OPTOMETRISTS	0.8	0.7	0.7
ORGANIZED OUTPATIENT CLINICS	0.1	0.2	0.1
PHARMACIES	2.4	2.2	1.9
PODIATRISTS	0.4	0.4	0.4
PSYCHOLOGISTS	0.3	N/A	N/A

NA = Not Applicable - (Psychologist services are carved out).

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Years 1999-2000, Medi-Cal Provider Month of Service Files, April-June 1999-2000, Medi-Cal Program Hospital Expenditures, April-June 1999-2000, Report on Provider Participation in the Medicaid Program, Calendar Years 1999-2000.
State of California, Department of Health Services, MCSS File HCP0112_Benes_by_Managed_Care_Plan_2001_12, created from the December 2001 Month of Eligibility File using a six-month lag, Medi-Cal Fee-For-Service and Delta Dental paid claims (Calendar Year 2001), Medi-Cal Provider Master File (PS-F-001) (Calendar Year 2001), and the Medi-Cal Provider Financial Master File (PS-F-121) (Calendar Year 2001).

TABLE 24
MEDI-CAL PROGRAM
NUMBER OF SELECTED PROVIDERS RECEIVING MEDI-CAL PROGRAM PAYMENTS BY COUNTY OF PROVIDER
CALENDAR YEAR 2001

COUNTY OF PROVIDER	ACUPUNC- TURISTS	CHIRO- PRACTORS	DENTISTS	OPTOM- ETRISTS	ORGANIZED OUTPATIENT CLINICS	PHARMACIES/ PHARMACISTS	PODIATRISTS
STATEWIDE	724	465	8,324	1,790	360	5,249	946
Alameda	53	7	320	79	9	202	49
Alpine	0	0	0	0	0	0	0
Amador	0	3	7	6	0	9	1
Butte	2	6	57	23	4	40	9
Calaveras	0	1	2	3	0	5	1
Colusa	0	0	3	1	1	3	0
Contra Costa	4	6	142	40	13	137	23
Del Norte	0	5	4	3	0	5	1
El Dorado	1	2	25	10	1	19	3
Fresno	4	29	209	49	6	147	23
Glenn	0	2	1	1	0	4	0
Humboldt	4	12	43	15	4	26	5
Imperial	0	1	18	10	4	17	4
Inyo	0	1	3	3	1	4	1
Kern	0	14	91	32	3	98	6
Kings	0	2	15	12	2	15	3
Lake	1	5	7	5	0	14	1
Lassen	0	1	6	3	0	5	2
Los Angeles	368	75	2,915	453	108	1,552	334
Madera	0	9	23	4	2	22	2
Marin	2	1	44	6	7	35	11
Mariposa	0	0	2	1	0	2	0
Mendocino	4	3	22	8	1	19	5
Merced	1	8	43	16	2	27	2
Modoc	0	0	2	1	0	2	0
Mono	0	0	3	1	0	2	0
Monterey	0	0	95	14	5	45	10
Napa	1	0	18	5	3	18	3
Nevada	1	4	21	8	1	17	3
Orange	24	13	809	107	20	489	72
Placer	2	6	55	30	2	51	5
Plumas	1	1	3	4	1	5	0
Riverside	4	18	282	67	7	211	21
Sacramento	24	29	204	80	15	184	31
San Benito	0	0	10	2	0	5	0
San Bernardino	9	22	372	90	8	223	25
San Diego	24	35	546	138	23	392	67
San Francisco	91	6	253	49	13	140	49
San Joaquin	7	20	139	41	6	101	18
San Luis Obispo	3	5	49	28	3	52	10
San Mateo	4	5	149	8	5	88	21
Santa Barbara	2	3	75	24	8	61	8
Santa Clara	64	13	481	73	24	230	34
Santa Cruz	2	0	65	8	4	39	5
Shasta	2	14	47	24	3	35	6
Sierra	0	0	1	0	0	2	0
Siskiyou	0	3	15	4	2	11	1
Solano	1	1	63	18	6	44	8
Sonoma	7	12	97	36	8	63	16
Stanislaus	1	19	113	35	13	76	9
Sutter	0	5	30	8	3	9	0
Tehama	0	2	12	5	0	9	1
Trinity	0	0	2	0	0	5	0
Tulare	1	14	79	30	0	53	7
Tuolumne	0	1	14	7	1	13	2
Ventura	5	15	160	44	4	124	22
Yolo	0	5	39	14	3	22	4
Yuba	0	1	3	2	1	7	1
Out of State/ Not Reported	0	0	16	2	0	14	1

Note: This table reflects only fee-for-service payments, therefore, data are limited for counties with Medi-Cal Managed Care populations.

Source: State of California, Department of Health Services, Medi-Cal Delta Dental paid claims.
State of California, Department of Health Services, Medi-Cal Provider Master File (PS-F-001).
State of California, Department of Health Services, Medi-Cal Provider Financial Master File (PS-F-121).

TABLE 25

MEDI-CAL PROGRAM
COUNTY POPULATION, MEDI-CAL ELIGIBLES, AND
MEDI-CAL ELIGIBLES AS A PERCENT OF POPULATION
CALENDAR YEAR 2001

(COHS, HCPs, AND FFS)

COUNTY	POPULATION/1/	ELIGIBLES/2/	ELIGIBLES AS A PERCENT OF POPULATION	COUNTY	POPULATION/1/	ELIGIBLES/2/	ELIGIBLES AS A PERCENT OF POPULATION
STATEWIDE	34,480,000	5,576,180	16.2				
Alameda	1,475,800	183,386	12.4	Placer	261,500	26,926	10.3
Alpine	1,190	208	17.5	Plumas	21,000	2,523	12.0
Amador	35,850	2,672	7.5	Riverside	1,618,000	212,350	13.1
Butte	206,800	41,087	19.9	Sacramento	1,267,800	243,531	19.2
Calaveras	41,500	5,023	12.1	San Benito	55,200	5,246	9.5
Colusa	19,300	3,902	20.2	San Bernardino	1,766,100	295,515	16.7
Contra Costa	977,000	87,337	8.9	San Diego	2,890,600	305,456	10.6
Del Norte	27,650	6,588	23.8	San Francisco	789,600	112,301	14.2
El Dorado	163,900	11,471	7.0	San Joaquin	590,900	112,449	19.0
Fresno	822,000	227,115	27.6	San Luis Obispo	252,000	23,961	9.5
Glenn	26,850	5,377	20.0	San Mateo	714,500	44,769	6.3
Humboldt	127,800	23,210	18.2	Santa Barbara	405,700	51,650	12.7
Imperial	149,900	39,997	26.7	Santa Clara	1,706,400	153,487	9.0
Inyo	18,200	2,515	13.8	Santa Cruz	258,500	25,970	10.0
Kern	681,900	151,360	22.2	Shasta	168,600	32,602	19.3
Kings	132,700	24,711	18.6	Sierra	3,550	361	10.2
Lake	60,200	13,440	22.3	Siskiyou	44,650	8,745	19.6
Lassen	34,350	4,436	12.9	Solano	403,100	43,395	10.8
Los Angeles	9,748,500	2,147,537	22.0	Sonoma	468,400	61,876	13.2
Madera	130,000	27,963	21.5	Stanislaus	465,600	92,026	19.8
Marin	248,900	11,794	4.7	Sutter	81,000	14,950	18.5
Mariposa	17,000	2,010	11.8	Tehama	56,500	11,443	20.3
Mendocino	87,500	16,156	18.5	Trinity	13,050	2,294	17.6
Merced	216,400	60,368	27.9	Tulare	375,800	109,062	29.0
Modoc	9,450	1,868	19.8	Tuolumne	55,800	6,500	11.6
Mono	13,150	821	6.2	Ventura	773,900	80,219	10.4
Monterey	408,000	58,774	14.4	Yolo	174,500	23,555	13.5
Napa	128,100	9,567	7.5	Yuba	61,300	15,894	25.9
Nevada	94,200	6,638	7.0				
Orange	2,910,000	279,793	9.6				

/1/ State of California, Department of Finance, Population Estimate as of July 1, 2001.

/2/ Average Monthly Eligibles.

COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.

Note: These figures do not include capitation adjustments.

Figures are rounded independently and may not add to totals.

These figures may disagree with previously published figures.

Source: State of California, Department of Finance, County Population Estimates and Tables 14A, 15, and 18.

TABLE 26
MEDI-CAL PROGRAM
PERSONS CERTIFIED ELIGIBLE BY COUNTY AND RACE/ETHNICITY
OCTOBER 2001
(COHS, HCPs, AND FFS)

COUNTY	TOTAL	RACE/ETHNICITY					
		AMERICAN INDIAN/ALASKAN NATIVE	ASIAN/ PACIFIC ISLANDER	BLACK	HISPANIC	WHITE	NOT REPORTED
STATEWIDE	5,737,141	26,180	745,700	693,652	2,602,813	1,414,103	254,693
Alameda	185,320	594	41,946	64,574	34,800	32,575	10,831
Alpine	235	133	4	4	5	83	6
Amador	2,778	61	35	18	160	2,396	108
Butte	42,629	820	4,552	1,320	5,288	28,777	1,872
Calaveras	4,990	61	62	55	220	4,391	201
Colusa	4,089	94	209	23	2,393	1,254	116
Contra Costa	88,828	246	11,601	23,020	22,592	26,793	4,576
Del Norte	6,866	628	550	46	555	4,777	310
El Dorado	12,053	128	298	99	2,126	8,881	521
Fresno	233,221	809	39,366	19,814	124,400	40,512	8,320
Glenn	5,587	118	547	42	1,995	2,644	241
Humboldt	23,789	2,044	1,111	436	1,158	17,842	1,198
Imperial	41,496	367	3,871	735	28,868	5,734	1,921
Inyo	2,558	475	44	11	509	1,403	116
Kern	157,276	584	9,832	15,533	78,801	47,339	5,187
Kings	25,656	100	1,589	2,068	14,672	6,297	930
Lake	13,723	466	287	600	1,400	10,363	607
Lassen	4,620	308	85	109	432	3,491	195
Los Angeles	2,233,136	3,325	241,246	314,143	1,243,520	345,903	84,999
Madera	29,194	238	1,388	1,128	18,072	7,421	947
Marin	12,352	34	1,104	1,123	3,867	5,579	645
Mariposa	2,124	72	18	11	67	1,896	60
Mendocino	16,867	1,317	387	196	3,480	10,628	859
Merced	61,606	232	7,681	3,815	31,486	14,496	3,896
Modoc	1,848	129	17	5	229	1,393	75
Mono	884	74	10	2	309	458	31
Monterey	60,598	119	5,056	2,066	41,473	9,428	2,456
Napa	10,201	39	454	161	4,340	4,759	448
Nevada	6,964	52	96	46	426	5,999	345
Orange	293,352	296	65,806	6,165	143,266	64,254	13,565
Placer	16,009	240	632	320	2,317	11,640	860
Plumas	2,563	86	21	55	126	2,136	139
Riverside	222,978	1,177	15,560	23,465	102,692	70,316	9,768
Sacramento	246,176	1,418	48,096	48,857	39,383	97,147	11,275
San Benito	5,573	17	326	49	3,839	1,102	240
San Bernardino	308,232	1,797	22,812	48,234	128,819	94,302	12,268
San Diego	316,649	1,422	44,702	38,828	120,921	93,593	17,183
San Francisco	113,027	271	38,523	22,814	17,273	22,604	11,542
San Joaquin	116,413	579	26,258	14,879	37,743	31,038	5,916
San Luis Obispo	24,728	123	1,104	510	7,718	14,257	1,016
San Mateo	46,766	77	9,209	3,936	20,066	10,178	3,300
Santa Barbara	53,305	210	3,629	1,771	31,838	13,522	2,335
Santa Clara	160,177	485	50,756	6,376	64,887	27,533	10,140
Santa Cruz	26,783	80	1,591	417	14,135	9,224	1,336
Shasta	33,527	1,103	1,846	618	1,302	27,133	1,525
Sierra	384	2	1	9	18	335	19
Siskiyou	9,090	401	353	173	750	6,853	560
Solano	44,613	204	6,393	13,028	9,534	13,145	2,309
Sonoma	37,241	667	2,465	1,268	11,370	19,475	1,996
Stanislaus	95,187	275	9,216	3,902	37,896	39,613	4,285
Sutter	15,568	135	2,339	348	5,262	6,815	669
Tehama	12,001	223	212	123	2,444	8,499	500
Trinity	2,290	53	20	12	28	2,085	92
Tulare	112,534	386	8,413	2,590	69,903	27,303	3,939
Tuolumne	6,549	146	107	46	255	5,691	304
Ventura	83,642	258	6,331	2,070	49,971	21,219	3,793
Yolo	23,934	157	2,714	1,000	8,872	10,077	1,114
Yuba	16,362	225	2,819	586	2,542	9,502	688

Note: COHS = County Organized Health Systems; HCPs = Health Care Plans; FFS = Fee-For-Service.
Source: State of California, Department of Health Services, MEDS Monthly Extract File (MEF), Run Date 04/23/2002.

TABLE 27
MEDI-CAL PROGRAM
NUMBER OF PROVIDERS BY PROVIDER TYPE AND STATUS
CALIFORNIA, AS OF DECEMBER 31, 2001

PROVIDER TYPE	TOTAL	ACTIVE STATUS	INACTIVE STATUS	PENDING STATUS	DECEASED STATUS	SUSPENDED STATUS	INDIRECT STATUS	CONTRACT STATUS
TOTAL/1/	410,867	80,719	259,872	362	3,812	3,322	62,513	267
Adult Day Care Centers	295	240	53	0	0	2	0	0
Assistive Device and Sick Room Supplier	5,477	866	4,455	3	5	146	2	0
Audiologists	1,444	406	764	2	1	4	267	0
Blood Banks	20	9	11	0	0	0	0	0
Certified Nurse Midwife	418	142	159	0	0	4	113	0
Chiropractors	9,662	1,039	8,032	0	289	154	148	0
Certified Pediatric Nurse Practitioner and Certified Family Nurse Practitioner	328	81	155	2	0	1	89	0
Christian Science Practitioners	2	2	0	0	0	0	0	0
Clinical Laboratories	4,102	652	3,409	3	3	33	2	0
Fabricating Optical Laboratory	15	5	3	0	0	7	0	0
Dispensing Opticians	2,274	416	1,846	0	5	5	2	0
Hearing Aid Dispensers	1,728	333	1,243	1	4	31	116	0
Home Health Agencies	2,353	570	1,779	1	0	3	0	0
Community Hospital Outpatient	10,135	1,853	8,244	22	0	16	0	0
Community Hospital Inpatient	12,059	2,313	9,480	4	0	15	0	247
Long Term Care	12,085	2,613	9,396	1	0	75	0	0
Nurse Anesthetists	889	137	493	2	2	5	250	0
Occupational Therapists	1,411	125	960	0	2	0	324	0
Optometrists	7,922	2,434	4,500	4	133	24	827	0
Orthotists	241	32	95	0	1	2	111	0
Physicians Group	24,384	8,141	16,104	8	16	114	1	0
Optometric Group	326	239	84	0	0	0	3	0
Pharmacies/Pharmacist	25,259	5,631	19,519	4	3	102	0	0
Physical Therapists	7,261	308	6,225	4	109	8	607	0
Physicians	192,121	30,860	98,136	162	3,100	2,169	57,694	0
Podiatrists	4,966	1,547	2,993	2	71	130	223	0
Portable X-Ray Laboratory	232	32	190	0	2	8	0	0
Prosthetists	582	210	192	1	0	3	176	0
Ground Medical Transportation	3,632	704	2,898	6	2	22	0	0
Psychologists	14,141	1,983	11,079	4	46	132	897	0
Certified Acupuncturist	2,952	1,231	1,617	7	7	19	71	0
Genetic Disease Testing	2	2	0	0	0	0	0	0
P.L. 95-210 Rural Health Clinics and Federally Qualified Health Centers (FQHCs)	952	691	257	2	0	2	0	0
Speech Therapists	2,633	265	1,768	3	5	2	590	0
Air Ambulance Transportation Services	132	70	60	2	0	0	0	0
Certified Hospice Service Per AB 4249	335	170	165	0	0	0	0	0
Free Clinics	27	7	20	0	0	0	0	0
Community Clinics	1,544	425	1,114	1	0	4	0	0
Chronic Dialysis Clinics	810	362	447	1	0	0	0	0
Multispecialty Clinics	3	1	2	0	0	0	0	0
Surgical Clinics	427	248	179	0	0	0	0	0
Exempt from Licensure Clinics	105	39	65	1	0	0	0	0
Rehabilitation Clinics	166	112	54	0	0	0	0	0
County Clinics Not Associated with Hospital	138	51	87	0	0	0	0	0
Birth Centers - Primary Care Clinics	1	0	1	0	0	0	0	0
Clinic - Otherwise Undesignated	389	0	389	0	0	0	0	0
Outpatient Heroin Detoxification Center	104	72	32	0	0	0	0	0
Alternative Birth Centers - Specialty Clinics	15	9	6	0	0	0	0	0
Breast Cancer Early Detection Program	458	271	184	2	0	1	0	0
Early Access to Primary Care Clinics	385	271	114	0	0	0	0	0
Local Education Agency	518	497	20	1	0	0	0	0
Health Access Program	449	405	44	0	0	0	0	0
County Hospital Inpatient	672	73	579	0	0	0	0	20
County Hospital Outpatient	207	74	132	1	0	0	0	0
Pediatric Subacute Care-LTC	17	16	1	0	0	0	0	0
Mental Health Inpatient	312	188	124	0	0	0	0	0
AIDS Waiver Provider	63	38	25	0	0	0	0	0
California Children's Service/Genetically Handicapped Person Program - Non-Institutional	43,879	10,868	32,823	103	6	79	0	0
California Children's Service/Genetically Handicapped Person Program - Institutional	761	340	419	2	0	0	0	0
Out of State	6,647	0	6,647	0	0	0	0	0

1/ Includes California, Out of State, and Out of Country.
Source: State of California, Department of Health Services, Medi-Cal Provider Master File (PS-F-0001).

SECTION 8

HISTORICAL MEDICAL PROGRAM TRENDS

MEDI-CAL ELIGIBLES - TABLE 28

Data included in this table are (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs).

The Medi-Cal eligible population averaged 5.53 million persons per month in 2001. This reflects an increase of 420,580 or 8.2 percent from 2000 and an increase of 677,353 million or 14.0 percent from 1992.

Public Assistance (FFS) eligibles averaged 1.3 million persons per month in 2001, a decrease of 4.0 percent from 2000.

Medically Needy (FFS) eligibles averaged 920,702 persons per month in 2001, an increase of 39.2 percent from 2000. The increase is due to the expansion of 1931(b), which was implemented in March 2000. The Program revised deprivation based on unemployment to include families with income below 100% of poverty and increased the 1931(b) income limit to 100% of poverty.

Medically Indigent (MI) (FFS) eligibles averaged 63,089 persons per month in 2001, an 18.4 percent decrease from 2000.

The Aliens and Refugee/Entrant (FFS) programs averaged 190,740 persons per month in 2001, an increase of 22.7 percent from 2000.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard (FFS) programs averaged 162,934 persons per month in 2001, compared to 236,291 in 2000.

The 60-Day Postpartum (FFS) program averaged 1,587 persons per month in 2001, a difference of 433 eligibles from the previous year.

The Dialysis and Total Parenteral Nutrition (FFS) programs are small, with an average of 44 eligibles per month in 2001, compared to 46 eligibles per month in 2001.

The Qualified Medicare Beneficiary only (FFS) program averaged 5,049 eligibles per month in 2001, a decrease of 15.6 percent from 2000.

Data for the Presumptive Eligibility for Pregnant Women (FFS) program are not available.

The Medi-Cal Tuberculosis (FFS) program averaged 682 eligibles per month in 2001, an increase of 35.0 percent from 2000.

The Minor Consent (FFS) program averaged 8,837 eligibles in 2001, a decrease of 3.3 percent from 2000.

TABLE 28
MEDI-CAL PROGRAM
ESTIMATED AVERAGE MONTHLY ELIGIBLES BY PROGRAM
CALENDAR YEARS 1992-2001
(COHS, HCPs, AND FFS)

PROGRAM	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
TOTAL	4,853,284	5,204,359	5,390,717	5,421,262	5,378,706	5,146,850	4,957,866	5,020,390	5,110,057	5,530,637
County Organized Health Systems (COHS)	71,988	80,671	118,078	183,884	398,493	378,236	358,831	376,429	404,146	460,754
Health Care Plans (HCPs)	328,796	376,551	507,957	604,213	764,694	1,348,361	1,768,096	2,110,038	2,158,642	2,371,542
Fee-For-Service (FFS)	4,853,284 /a/	5,204,359 /a/	5,390,717 /a/	4,633,165 /b/	4,215,519 /b/	3,420,253 /b/	2,830,939 /b/	2,533,923/b/	2,547,269/b/	2,698,336/b/
Public Assistance	3,701,405	3,911,384	4,079,538	3,374,020	3,003,037	2,334,308	1,819,782	1,498,638	1,400,077	1,344,670
Medically Needy	480,429	560,808	576,531	543,081	499,471	442,442	400,977	436,328	661,256	920,702
Medically Indigent	209,366	236,765	253,875	249,073	228,084	181,671	131,686	104,918	77,325	63,089
IRCA Aliens	62,441	40,944	13,459	181	60	7	2	0	0	0
MI/MN Not Qualified Aliens	281,325	309,076	300,469	282,743	279,284	238,591	215,853	201,020	154,228	189,181
Refugee/Entrant	8,333	8,515	7,311	5,647	2,913	1,810	1,459	1,190	1,261	1,559
100 Percent Poverty	1,635	4,770	9,085	15,610	24,033	31,705	52,082	75,620	64,704	41,206
133 Percent Poverty	38,394	53,734	64,137	75,087	84,560	88,070	94,681	95,907	70,662	33,905
Income Disregard	65,802	73,581	76,051	83,318	88,802	90,706	95,025	103,471	100,925	87,823
60-Day Postpartum	1,986	2,036	1,790	1,760	1,870	1,730	1,572	1,315	1,154	1,587
Dialysis	51	35	29	25	25	35	34	41	41	40
Total Parenteral Nutrition	9	10	9	9	10	9	8	8	5	4
Qualified Medicare Beneficiary	2,107	2,602	1,587	2,233	2,769	3,838	4,737	5,502	5,983	5,049
Presumptive Eligibility for Pregnant Women	NA	99	6,842	INA	INA	INA	INA	INA	INA	INA
Medi-Cal Tuberculosis Program	NA	NA	5	377	602	550	564	536	505	682
Minor Consent	NA	NA	NA	NA	NA	4,774	12,460	9,426	9,138	8,837

INA Information Not Available.

NA Not Applicable.

/a/ Includes COHS, HCPs, and FFS.

/b/ Includes FFS Only.

Note: IRCA = Immigration Reform and Control Act; OBRA Omnibus Budget Reconciliation Act.

Averages are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, MCSS File HCP0112_Benes_by_Managed_Care_Plan_2001_12, created from the December 2001 Month of Eligibility File using a six-month lag.

MEDI-CAL PAYMENTS - TABLE 29

Data included in this table are Fee-For-Service (FFS), County Organized Health Systems (COHS), and Health Care Plans (HCPs).

During 2001, Medi-Cal program payments ran \$16.9 billion. This reflects an increase of \$2.3 billion or 15.8 percent from 2000 and an increase of \$7.5 billion or 78.8 percent from 1992.

Public Assistance, the largest group in terms of total FFS expenditures, received \$6.8 billion in services during 2001, an 11.9 percent increase from 2000.

The Medically Needy (FFS) group received \$4.75 billion in services during 2001, an increase of 23.8 percent from 2000. The increase is due to the expansion of 1931(b), which was implemented in March 2000. The Program revised deprivation based on unemployment to include families with income below 100% of poverty and increased the 1931(b) income limit to 100% of poverty. The decrease in many of the other programs is due to the shift of eligibles to the 1931(b) program.

Medically Indigents (FFS) received a total of \$185.2 million in services during 2001, compared to \$221.6 million in 2000, a 16.4 percent decrease.

The MN/MI Not Qualified Aliens and Refugee/Entrants (FFS) received a total of \$388.4 million in services during 2001, a decrease of 0.4 percent from 2000.

The 100 Percent Poverty, 133 Percent Poverty, and Income Disregard (FFS) programs ran \$442,728 million during 2001, a 42.0 percent decrease from the previous year.

The 60-Day Postpartum (FFS) program ran \$4.9 million during 2001, a 53.7 percent increase from 2000.

The Dialysis and Total Parenteral Nutrition (FFS) programs ran \$324 thousand during 2001, a 29.1 percent increase from 2000.

The Qualified Medicare Beneficiary (FFS) program ran \$7.9 million in 2001, compared to \$7.9 million in 2000, or a 0.4 percent increase.

The Presumptive Eligibility for Pregnant Women (FFS) program ran \$117.5 million during 2001 and \$101.7 million in 2000, or a 15.5 percent increase.

The Medi-Cal Tuberculosis (FFS) program ran \$465 thousand during 2001, compared to \$426 thousand in 2000, or an 9.2 percent increase.

The Minor Consent (FFS) program ran \$45.1 million in 2001, compared to \$49.4 million in prior year, or a 8.7 percent decrease.

The increase in expenditures in 2001 from previous years is attributable to increased eligibles due to program expansion and the provider rate increases implemented in August 2001.

TABLE 29
MEDI-CAL PROGRAM
ESTIMATED TOTAL ANNUAL PAYMENTS BY PROGRAM
CALENDAR YEARS 1992-2001
(In thousands)
(COHS, HCPs, AND FFS)

PROGRAM	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
TOTAL	\$9,465,554	\$10,368,797	\$10,825,560	\$11,133,016	\$11,897,872	\$12,043,071	\$12,494,530	\$13,481,729	\$14,609,804	\$16,921,923
County Organized Health Systems (COHS)	\$118,393	\$135,052	\$218,148	\$303,616	\$667,482	\$672,072	\$775,616	\$899,162	\$1,020,869	\$1,249,259
Health Care Plans (HCPs)	\$367,576	\$444,010	\$599,794	\$705,719	\$865,952	\$1,371,379	\$1,689,188	\$2,200,332	\$2,385,895	\$2,871,909
Fee-For-Service (FFS)	\$9,465,554/a/	\$10,368,797/a/	\$10,825,560/a/	\$10,123,681/b/	\$10,364,438/b/	\$9,999,620/b/	\$10,029,725 /b/	\$10,382,235/b/	\$11,203,041/b/	\$12,800,755/b/
Public Assistance	5,370,713	5,946,198	6,327,335	5,626,657	5,836,519	5,606,520	5,560,078	5,700,102	6,075,117	6,798,089
Medically Needy	2,708,682	2,990,903	3,144,336	3,075,507	3,113,555	3,079,234	3,105,472	3,283,563	3,833,026	4,747,184
Medically Indigent	298,723	330,357	364,537	371,857	362,780	324,040	293,894	278,206	221,587	185,170
IRCA Aliens	152,720	105,299	30,138	6,130	816	294	147	124	0	0
MI/MN Not Qualified Aliens	699,691	720,469	647,513	629,846	629,894	548,281	495,788	482,900	385,300	381,365
Refugee/Entrant	19,092	24,829	24,654	23,214	12,302	9,002	6,511	5,331	4,615	7,007
100 Percent Poverty	358	1,678	3,352	5,499	8,960	12,904	24,317	42,790	41,504	33,949
133 Percent Poverty	17,914	26,325	33,229	39,105	45,586	47,245	51,817	56,833	48,651	32,367
Income Disregard	189,257	212,998	215,036	235,690	270,511	258,912	282,818	337,165	673,434	376,412
60-Day Postpartum	1,735	2,093	1,704	1,900	1,585	1,836	2,773	2,665	3,214	4,939
Dialysis	342	269	364	1,019	157	296	168	211	247	321
Total Parenteral Nutrition	280	281	181	329	160	128	24	17	4	3
Qualified Medicare Beneficiary	504	899	1,407	1,398	1,630	3,056	41,944	16,823	7,898	7,926
Presumptive Eligibility for Pregnant Women	NA	3	10,985	25,782	45,797	59,186	73,344	87,157	101,676	117,460
Medi-Cal Tuberculosis Program	NA	NA	/c/	74	179	243	387	351	426	465
Minor Consent	NA	NA	NA	NA	NA	7,139	42,232	47,753	49,367	45,050
Not Reported	5,542	6,196	20,788	79,673	34,008	41,302	48,003	40,234	51,466	62,750

NA Not Applicable.

/a/ Includes COHS, HCPs, and FFS.

/b/ Includes FFS Only.

/c/ Less than 0.500.

Note: IRCA = Immigration Reform and Control Act.

Payments are rounded independently and may not add to totals.

Source: State of California, Department of Health Services, Medi-Cal Certified CID Eligibles, Calendar Year Reports; Prepaid Health Plan Status Code 1 Reports; and MEDSSUM File dated April 2001; Medi-Cal Services and Expenditures Month of Payment Calendar Year Reports; Managed Care Financial Worksheets; and Rate Sheet for Managed Care Plans. (Tables 14, 15 and 20 of this Report)

APPENDICES

- [Appendix A](#) Definitions of Terms
- [Appendix B](#) Medi-Cal Aid Codes by Program
- [Appendix C](#) Aid Codes Master Chart
- [Appendix D](#) Statistical Publications
- [Appendix E](#) Medical Care Statistics Section's Recommended Links

APPENDIX A

Definitions of Terms

DEFINITIONS OF TERMS

The following defines commonly used terms used in discussions of Medi-Cal. The definitions are essentially correct, but some are much more complex than indicated below.

Beneficiary:	Used to indicate a person who receives service (user or recipient) or a person eligible for service.
Capitate/ Capitation:	Refers to the payment of a set amount of money per month per person to an agency. The agency then provides medical care for all persons paid for. Essentially an insurance premium arrangement.
CID:	The Centralized Identification system was a computer system which mailed out Medi-Cal ID cards each month to eligibles. Some reports on eligibility still use this term.
COHS:	County Organized Health Systems. Under this approach, the county acts as the primary contractor serving most Medi-Cal beneficiaries in the county. The COHS receive a capitated rate for each beneficiary in the county, and assume full financial risk. The eight COHS counties are Monterey, Napa, Orange, San Mateo, Santa Barbara, Santa Cruz, Solano, and Yolo.
Costs:	Medi-Cal Program payments or expenditures, usually to providers for services rendered. But may include all program expenditures.
Crossover: (X-over)	Refers to a claim that has been processed and paid in part by Medicare and then processed by Medi-Cal for those with dual eligibility. Also referred to as Medi-Medi Claim.
Encounter:	Service/Supply rendered to a Medi-Cal beneficiary. Also referred to as a Shadow Claim if the Service/Supply is rendered under Managed Care.
Eligibles:	Persons who have been processed through the system and determined to meet the criteria for receiving medical assistance under the Medi-Cal Program.
Enrollees:	Eligibles who have joined Managed Care Plans.
Expenditures:	See Costs.
Family P.A.C.T.	Family P.A.C.T. (Planning, Access, Care and Treatment) (formerly known as SOFP - State Only Family Planning). Comprehensive family planning services for low income residents of California with no other source of health care coverage. Funded with Federal Financial Participation (FFP) through a Title XIX waiver.

DEFINITIONS OF TERMS, Continued

Federal Financial Participation: (FFP)	The amount of money the Federal Government pays in the operation of the Medicaid Program. FFP varies from 50 percent to 90 percent depending on type of service and meeting of stipulated criteria.
Fee-For-Service: (FFS)	Used to distinguish regular Medi-Cal Program from the Managed Care Program: "Fee-For-Service eligibles" are persons not enrolled in Managed Care Plans.
GMC:	Geographic Managed Care. Under this approach, the Medi-Cal Program negotiates contracts directly with providers to accept beneficiaries within a specified area, again paying a monthly rate based on the estimated cost of providing services to similar beneficiaries under the fee-for-service system. The Department implemented this approach in Sacramento County in April 1994, and in San Diego in July 1998.
HCPs:	Health Care Plans. Medi-Cal contracts with private entities to provide care to specific beneficiary categories that include the managed care models COHS, GMC, PHP, PCCM, and Two-Plan Model.
HMO:	Health Maintenance Organization. (See HCPs.)
Linked:	Individuals who meet the federal definition of aged (65 years of age or older), blind, or disabled, or families with children where the children are deprived of parental support or care due to the absence, death, incapacity, or unemployment of a parent.
Medi-Cal:	California's name for Medicaid, includes the federal and state program of medical assistance for needy and low-income persons. (Federal designation of the Medical Assistance Program authorized under Title XIX of the Social Security Act.)
Medi-Cal Card:	An identification card given to Medi-Cal eligibles.
Medically Indigent:	Individuals who are eligible for Medi-Cal but are not in any other category, such as not in the Public Assistance or Medically Needy category, because they are not linked. For example, a child who lives in a two parent family with moderate income, but limited property who is not deprived is Medically Indigent.
Medically Needy:	Individuals and families eligible for Medi-Cal because they are linked, but who are not in the Public Assistance category. This category also includes linked individuals in specialized programs such as those who are in long term care, Section 1931(b), but who are not receiving CalWORKs concurrently, or who are receiving Transitional Medi-Cal. For example, a person who is over age 65 but has too much income to qualify for SSI/SSP is Medically Needy.

DEFINITIONS OF TERMS, Continued

Medicare:	<p>The Federal Social Security Program (Title XVIII of the Social Security Act) provides medical care to aged and certain disabled persons.</p> <p>This is essentially a medical insurance program, as opposed to Medicaid which is a public assistance program for the needy.</p>
MEDS:	<p>Medi-Cal Eligibility Data System. A major Electronic Data Processing (EDP) system providing online access to over 17 million records of current or former Welfare, Medi-Cal, or County Medical Services Program (CMSP) clients to support administration of those programs and delivery of benefits.</p>
MEDSSUM File:	<p>An eligibility summary file that summarizes the number of eligibles by aid code and county on a monthly basis for each month of eligibility.</p>
Minor Consent:	<p>Covers minors under 21. Limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, pregnancy, family planning and outpatient mental health treatment.</p>
Paid Claims:	<p>A claim for medical services paid in behalf of a Medi-Cal eligible. Claims data are captured on computer tape and comprise the major data base of the Program. Usually "paid claims" refers to this data base rather than the actual document.</p>
PCCM:	<p>Primary Care Case Management. PCCM plans are paid a monthly capitation rate to manage selected outpatient services to Medi-Cal beneficiaries enrolled in the plan.</p>
Percent Programs: Pregnant Women Infants and Children	<p>These programs provide zero share of cost Medi-Cal to (1) pregnant women and infants up to age 1 with family income at or under 200 percent of the federal poverty level (FPL) generally referred to as the Income Disregard program; (2) children ages 1 up to age six with family income at or under 133 percent of the FPL (the 133 Percent program); and (3) children ages 6 up to nineteen with family income at or under 100 percent of the FPL (the 100 Percent program).</p>
PHPs:	<p>Prepaid Health Plans. Now referred to as (HCPs) Health Care Plans.</p>
Provider:	<p>Any individual, group, business, or facility authorized to bill the Medi-Cal Program for services rendered to Medi-Cal eligibles. Includes the full scope of practitioners and facilities, such as physicians, hospitals, chiropractors, pharmacies, nursing facilities, intermediate care facilities, home health agencies, etc.</p>

DEFINITIONS OF TERMS, Continued

Public Assistance:	Refers to those individuals eligible for cash assistance under various programs such as the Supplemental Security Income/State Supplementary Program (SSI/SSP), the California Work Opportunities and Responsibility to Kids program (CalWORKs), the In-Home Supportive Services program or the Aid to Families with Dependent Children Foster Care program. This category also includes some individuals whose Medi-Cal eligibility is derived from these programs such as former SSI/SSP recipients who for varying reasons continue to be eligible for Medi-Cal with no share of cost, such as those who are eligible under the Pickle program.
Recipient:	A user of a specified type of service.
SDX:	State Data eXchange: The computer tapes received from Social Security Administration which contain names and addresses of persons eligible for Medicare and Medi-Cal concurrently.
Services:	What providers provide Medi-Cal patients and are paid for by the Medi-Cal Program. Services have to be defined within the context in which they're reported. For example, the units of service for inpatient hospital services are patient days, the unit in prescription drugs is prescriptions, the unit in outpatient visits is visits, etc.
SSI/SSP:	Supplemental Security Income/State Supplementary Payment. If you get a SSI/SSP grant, Medi-Cal eligibility is automatically set up by your Social Security district office.
Two-Plan Model:	<p>Two-Plan Contractors now provide or are preparing to provide medical services to nearly all Medi-Cal recipients in 12 counties (Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus and Tulare).</p> <p>The Department will contract with only two managed care plans. One plan will be a locally developed, comprehensive managed care system referred to as the Local Initiative. The other plan will be a non-governmentally operated Health Management Organization referred to as the Commercial Plan.</p>
Vendor:	See Provider.

APPENDIX B

Medi-Cal Aid Codes by Program

Appendix B

Medi-Cal Aid Codes by Program

(Discontinued aid codes are included)

Aid Code Program	Aid Codes
Public Assistance	
Aged	10, 16, 18,
Blind	20, 26, 28, 6A
Disabled	36, 60, 66, 68, 6C
Families	06, 43, 30, 32, 33, 35, 38, 39, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3P, 3R, 3W, 40, 42, 46, 4C, 4F, 4G, 77, 78,
SSI Appeal/NLDC	6N, 6P
Medically Needy	
Aged	13, 14, 17, 1H, 1U
Blind	23, 24, 27
Disabled	63, 64, 65, 67, 6G, 6H, 6U, 6V, 6W, 6X, 6Y, 8G
Families	34, 37, 39, 3N, 3T, 3V, 54, 59, 5J, 5K, 5R, 5T, 5W, 5X, 5Y, 6J, 6R, 7J, 7K
Medically Indigent	
Child	03, 04, 2A, 45, 4A, 4K, 4M, 5K, 82, 83, 8E
Adult	53, 81, 86, 87
Refugees	01, 0A, 02, 08
Special Treatment	71, 73
60-Day Postpartum	76
Presumptive Eligibility- Pregnant Women	7F, 7G
QMB	80
IRCA	51, 52, 56, 57
MI/MN Alien Without SIS	55, 58, 5F
100% Program	7A, 7C, 8R, 8T
133% Program	72, 74, 8N, 8P
Income Disregard Program and Asset Waiver Provision (formerly 185% Program)	44, 47, 48, 49, 69

Medi-Cal Aid Codes by Program (continued)

<u>Aid Code Program</u>	<u>Aid Codes</u>
200% Program and Asset Waiver Provision	07, 70, 75, 79
Tuberculosis Program	7H
Minor Consent Services	7M, 7N, 7P, 7R
FPACT Waiver	8H (FFP effective beginning with 12/1/1999 service dates)
BCCTP	0M, 0N, 0P, 0R, 0T, 0U

APPENDIX C

Aid Codes Master Chart

Aid Codes Master Chart

The following aid codes identify the types of services for which different Medi-Cal/CMSP/CCS/GHPP recipients are eligible.

Code	Benefits	SOC	Program/Description
0A	Full	No	Refugee Cash Assistance (FF). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
<u>0M</u>	<u>Full</u>	<u>No</u>	<u>BCCTP – Accelerated Enrollment (AE). Provides temporary AE for full-scope, no Share of Cost (SOC) Medi-Cal for females under 65 years of age who have been diagnosed with breast and/or cervical cancer. Limited to two months.</u>
<u>0N</u>	<u>Full</u>	<u>No</u>	<u>BCCTP – AE. Provides temporary AE for full-scope, no Share of Cost (SOC) Medi-Cal for females under 65 years of age who have been diagnosed with breast and/or cervical cancer. No time limit.</u>
<u>0P</u>	<u>Full</u>	<u>No</u>	<u>BCCTP – Federal. Provides full-scope, no Share of Cost (SOC) Medi-Cal for females under 65 years of age who are diagnosed with breast and/or cervical cancer and are without creditable insurance coverage.</u>
<u>0R</u>	<u>Restricted Services</u>	<u>No</u>	<u>BCCTP – High Cost Other Health Coverage (OHC). Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for all-age males and females, including undocumented aliens, who have been diagnosed with breast and/or cervical cancer. Breast-cancer-related services covered for 18 months. Cervical-cancer-related services covered for 24 months.</u>
<u>0T</u>	<u>Restricted Services</u>	<u>No</u>	<u>BCCTP – State. Provides 18 months of breast cancer treatments and 24 months of cervical cancer treatments for all-age males and females 65 years of age or older, regardless of citizenship, who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with expensive, creditable insurance.</u>
<u>0U</u>	<u>Restricted Services</u>	<u>No</u>	<u>BCCTP – Undocumented Aliens. Provides emergency, pregnancy-related and Long Term Care (LTC) services to females under 65 years of age with unsatisfactory immigration status who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with creditable insurance. State-only cancer treatment services are 18 months (breast) and 24 months (cervical).</u>
01	Full	No	Refugee Cash Assistance (FFP). Includes unaccompanied children. Covers all eligible refugees during their first eight months in the United States. Unaccompanied children are not subject to the eighth-month limitation provision.
02	Full	Y/N	Refugee Medical Assistance/Entrant Medical Assistance (FFP). Covers refugees and entrants who need Medi-Cal and who do not qualify for or want cash assistance.

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Code	Benefits	SOC	Program/Description
03	Full	No	Adoption Assistance Program (AAP) (FFP). A cash grant program to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance.
04	Full	No	Adoption Assistance Program/Aid for Adoption of Children (AAP/AAC) (non-FFP). Covers cash grant children receiving Medi-Cal by virtue of eligibility to AAP/AAC benefits.
07	Restricted to emergency services	No	Asset Waiver Program. Infant – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides emergency services only for infants up to age 1 year and continues beyond 1 year when inpatient status, which began before 1 st birthday, continues and family income is between 185 percent and 200 percent of the Federal poverty level (State-only program).
08	Full	No	Entrant Cash Assistance (ECA) (FFP). Provides ECA benefits to Cuban/Haitian entrants, including unaccompanied children who are eligible, during their first eight months in the United States. (For entrants, the month begins with their date of parole.) Unaccompanied children are not subject to the eighth-month limitation provision.
1H	Full	No	Federal Poverty Level – Aged (FPL-Aged) Provides full scope (no Share of Cost) Medi-Cal to qualified aged individuals/couples.
1U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Aged (Restricted FPL-Aged) Provides emergency and pregnancy-related benefits (no Share of Cost) to qualified aged individuals/couples who do not have satisfactory immigration status.
10	Full	No	SSI/SSP Aid to the Aged (FFP). A cash assistance program administered by the SSA which pays a cash grant to needy persons 65 years of age or older.
13	Full	Y/N	Aid to the Aged – LTC (FFP). Covers persons 65 years of age or older who are medically needy and in LTC status.
14	Full	No	Aid to the Aged – Medically Needy (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.
16	Full	No	Aid to the Aged – Pickle Eligibles (FFP). Covers persons 65 years of age or older who were eligible for and receiving SSI/SSP and Title II benefits concurrently in any month since April 1977 and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II cost-of-living increases were disregarded. These persons are eligible for Medi-Cal benefits as public assistance recipients in accordance with the provisions in the <u>Lynch v. Rank</u> lawsuit.

Code	Benefits	SOC	Program/Description
17	Full	Yes	Aid to the Aged – Medically Needy, SOC (FFP). Covers persons 65 years of age or older who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required.
18	Full	No	Aid to the Aged – IHSS (FFP). Covers aged IHSS cash recipients, 65 years of age or older, who are not eligible for SSI/SSP cash benefits.
2A	Full	No	Abandoned Baby Program. Provides full scope benefits to children up to 3 months of age who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act.
20	Full	No	SSI/SSP Aid to the Blind (FFP). A cash assistance program, administered by the SSA, which pays a cash grant to needy blind persons of any age.
23	Full	Y/N	Aid to the Blind – LTC Status (FFP). Covers persons who meet the federal criteria for blindness, are medically needy, and are in LTC status.
24	Full	No	Aid to the Blind – Medically Needy (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only.
26	Full	No	Aid to the Blind – Pickle Eligibles (FFP). Covers persons who meet the federal criteria for blindness and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. (See aid code 16 for definition of Pickle eligibles.)
27	Full	Yes	Aid to the Blind – Medically Needy, SOC (FFP). Covers persons who meet the federal criteria for blindness who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC is required of the beneficiaries.
28	Full	No	Aid to Blind – IHSS (FFP). Covers persons who meet the federal definition of blindness and are eligible for IHSS. (See aid code 18 for definition of eligibility for IHSS.)
3A	Full	No	California Alternative Assistance Program – Aid to Families with Dependent Children, Family Group (CAAP-AFDC [FG]) (FFP). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal.
3C	Full	No	California Alternative Assistance Program – Aid to Families with Dependent Children, Unemployed Parent Group (CAAP-AFDC [U]) (FFP). Individuals who have declined a federal cash grant and instead will receive child care assistance and Medi-Cal.
3E	Full	No	CalWORKS LEGAL IMMIGRANT – FAMILY GROUP (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.
3G	Full	No	AFDC-FG (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent, who does <u>not</u> meet all federal requirements, but State rules require the individual(s) be aided. This population is the same as aid code 32, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.

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Code	Benefits	SOC	Program/Description
3H	Full	No	AFDC-FU (State only) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home. This population is the same as aid code 33, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3L	Full	No	CalWORKS LEGAL IMMIGRANT – FAMILY GROUP (FFP). Provides aid to families in which a child is deprived because of the absence, incapacity or death of either parent.
3M	Full	No	CalWORKS LEGAL IMMIGRANT – UNEMPLOYED (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.
3N	Full	No	AFDC – Mandatory Coverage Group Section 1931(b) (FFP). Section 1931 requires Medi-Cal be provided to low-income families who meet the requirements of the Aid to Families with Dependent Children (AFDC) State Plan in effect July 16, 1996.
3P	Full	No	AFDC Unemployed Parent (FFP cash) – Aid to Families in which a child is deprived because of the unemployment of a parent living in the home and the unemployed parent meets all federal AFDC eligibility requirements. This population is the same as aid code 35, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3R	Full	No	Aid to Families with Dependent Children (AFDC) – Family Group (FFP) in which the child(ren) is deprived because of the absence, incapacity or death of either parent. This population is the same as aid code 30, except that they are exempt from the AFDC grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project.
3T	Restricted to pregnancy and emergency services	No	Initial Transitional Medi-Cal (TMC) (FFP). Provides six months of emergency and pregnancy-related initial TMC benefits (no SOC) for aliens who do not have satisfactory immigration status (SIS) and have been discontinued from Section 1931(b) due to increased earnings from employment.
3U	Full	No	CalWORKS LEGAL IMMIGRANT – UNEMPLOYED (FFP). Provides aid to families in which a child is deprived because of the unemployment of a parent living in the home.

Code	Benefits	SOC	Program/Description
3V	Restricted to pregnancy and emergency services	No	Section 1931(b). Provides emergency and pregnancy-related benefits (no SOC) for aliens without SIS who meet the income, resources and deprivation requirements of the AFDC State Plan in effect July 16, 1996. <u>(FFP for emergency services including labor and delivery. State-only for pregnancy-related services.)</u>
3W	Full	No	TANF–Timed out, mixed case (State-only program). Recipients who have reached their TANF 60-month time limit, remain eligible for CalWORKs and the family includes at least one non-federally eligible recipient.
30	Full	No	AFDC-FG (FFP). Provides aid to families with dependent children in a family group in which the child(ren) is deprived because of the absence, incapacity or death of either parent.
32	Full	No	TANF–Timed out. Recipients who have reached their TANF 60-month time limit and remain eligible for CalWORKs.
33	Full	No	AFDC – Unemployed Parent (State-only program) (non-FFP cash grant FFP for Medi-Cal eligibles). Provides aid to pregnant women (before their last trimester) who meet the federal definition of an unemployed parent but are not eligible because there are no other children in the home.
34	Full	No	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant but are eligible for Medi-Cal only.
35	Full	No	AFDC-U (FFP cash). Provides aid to families in which a child is deprived because of unemployment of a parent living in the home, and the unemployed parent meets all federal AFDC eligibility requirements.
36	Full	No	Aid to Disabled Widow/ers (FFP). Covers persons who began receiving Title II SSA before age 60 who were eligible for and receiving SSI/SSP and Title II benefits concurrently and were subsequently discontinued from SSI/SSP but would be eligible to receive SSI/SSP if their Title II disabled widow/ers reduction factor and subsequent COLAs were disregarded.
37	Full	Yes	AFDC-MN (FFP). Covers families with deprivation of parental care or support who do not wish or are not eligible for a cash grant, but are eligible for Medi-Cal only. SOC required of the beneficiaries.
38	Full	No	Continuing Medi-Cal Eligibility (FFP). <u>Edwards v. Kizer</u> court order provides for uninterrupted, no SOC Medi-Cal benefits for families discontinued from CalWORKs until the family's eligibility or ineligibility for Medi-Cal only has been determined and an appropriate <i>Notice of Action</i> sent.
39	Full	No	Initial Transitional Medi-Cal (TMC) – Six Months Continuing Eligibility (FFP). Provides coverage to certain clients subsequent to CalWORKs cash grant or Section 1931(b) program discontinuance due to increased earnings or increased hours of employment.
4A	Full	No	Adoption Assistance Program (AAP). Program for AAP children for whom there is a state-only AAP agreement between any state other than California and adoptive parent(s).

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Code	Benefits	SOC	Program/Description
4C	Full	No	AFDC-FC Voluntarily Placed (Fed) (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been voluntarily placed in foster care.
4F	Full	No	Kinship Guardianship Assistance Payment (Kin-GAP). Federal program for children in relative placement receiving cash assistance.
4G	Full	No	Kin-GAP. State-only program for children in relative placement receiving cash assistance.
4K	Full	No	Emergency Assistance (EA) Program (FFP). Covers juvenile probation cases placed in foster care.
4M	Full	No	Former Foster Care Children (FFCC) 18 through 20 years of age. Provides full-scope Medi-Cal benefits to former foster care children who were receiving benefits on their 18th birthday in aid codes 40, 42, 45, 4C and 5K and who are under 21 years of age.
40	Full	No	AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
42	Full	No	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.
44	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant (FFP) – <u>Covers United States Citizen/U.S. National and aliens with satisfactory immigration status including lawful Permanent Resident Aliens/Amnesty Aliens and PRUCOL Aliens.</u> Provides family planning, pregnancy-related and postpartum services for any age female if family income is at or below 200 percent of the federal poverty level.
45	Full	No	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.
47	Full	No	Income Disregard Program (FFP). Infant – United States Citizen, Permanent Resident Alien/PRUCOL Alien. Provides full Medi-Cal benefits to infants up to 1-year-old and continues beyond 1 year when inpatient status, which began before 1 st birthday, continues and family income is at or below 200 percent of the federal poverty level.
48	Restricted to pregnancy-related services	No	Income Disregard Program. Pregnant – <u>Covers aliens who do not have lawful Permanent Resident Alien, PRUCOL or Amnesty Alien status (including undocumented aliens), but who are otherwise eligible for Medi-Cal.</u> Provides family planning, pregnancy-related and postpartum services for any age female, if family income is at or below 200 percent of the federal poverty level. Routine prenatal care is non-FFP. Labor, delivery and emergency prenatal care are FFP.

Code	Benefits	SOC	Program/Description
5F	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers <u>pregnant alien women who do not have lawful Permanent Resident Alien, PRUCOL or Amnesty Alien status (including undocumented aliens)</u> , but who are otherwise eligible for Medi-Cal.
5J	Restricted to pregnancy-related and emergency services	No	Pending Disability Program. Covers recipients whose linkage has to be re-determined under Senate Bill 87 (SB 87) requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with no SOC.
5K	Full	No	Emergency Assistance (EA) Program (FFP). Covers child welfare cases placed in EA foster care.
5R	Restricted to pregnancy-related and emergency services	Yes	Pending Disability Program. Covers recipients whose linkage has to be re-determined under SB 87 requirements. Services restricted due to unsatisfactory immigration status. Recipients have a potential new linkage of disability with an SOC.
5T	Restricted to pregnancy and emergency services	No	Continuing TMC (FFP). Provides an additional six months of continuing emergency and pregnancy-related TMC benefits (no SOC) to qualifying aid code 3T recipients.
5W	Restricted to pregnancy and emergency services	No	Four Month Continuing (FFP). Provides four months of emergency and pregnancy-related benefits (no SOC) for aliens without SIS who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support.

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Code	Benefits	SOC	Program/Description
5X	Full	No	Second Year Transitional Medi-Cal (TMC). Provides a second year of full-scope (no SOC) TMC benefits for citizens and qualified aliens age 19 and older who have received six months of additional full-scope TMC benefits under aid code 59 and who continue to meet the requirements of additional TMC (State-only program).
5Y	Restricted to pregnancy and emergency services	No	Second Year TMC (State-only program). Provides a second year of continuing emergency and pregnancy-related TMC benefits (no SOC) to <u>aliens without satisfactory immigration status who have received benefits under</u> aid code 5T <u>and are</u> 19 years of age or older.
50	Restricted to CMSP emergency services only	Y/N	CMSP. MI – Restricted. Covers persons who have undetermined immigration status.
53	Restricted to LTC services only	Y/N	Medically Indigent – LTC (Non-FFP). Covers persons age 21 or older and under 65 years of age who are residing in a Nursing Facility Level A or B with or without SOC.
54	Full	No	Four-Month Continuing Eligibility (FFP). Covers persons discontinued from <u>CalWORKs or Section 1931(b)</u> due to the increased collection of child/spousal support payments but eligible for Medi-Cal only.
55	Restricted to pregnancy and emergency services	No	Aid to Undocumented Aliens in LTC Not PRUCOL. Covers undocumented aliens in LTC not PRUCOL. LTC services: State-only funds; emergency and pregnancy-related services: State and federal funds. Recipients will remain in this aid code even if they leave LTC.
58	Restricted to pregnancy and emergency services	Y/N	OBRA Aliens. Covers <u>aliens who do not have lawful</u> Permanent Resident Alien, PRUCOL or Amnesty Alien status <u>(including undocumented aliens)</u> , but who are otherwise eligible for Medi-Cal.

Code	Benefits	SOC	Program/Description
59	Full	No	Additional TMC – Additional Six Months Continuing Eligibility (FFP). Covers persons discontinued from AFDC due to the expiration of the \$30 plus 1/3 disregard, increased earnings or hours of employment, but eligible for Medi-Cal only, may receive this extension of TMC.
6A	Full	No	Disabled Adult Child(ren) (DAC)/Blindness (FFP).
6C	Full	No	Disabled Adult Child(ren) (DAC)/Disabled (FFP).
6G	Full	No	250 Percent Program Working Disabled. Provides full-scope Medi-Cal benefits to working disabled recipients who meet the requirements of the 250 Percent Program.
6H	Full	No	Federal Poverty Level – Disabled (FPL-Disabled). Provides full-scope (no Share of Cost) Medi-Cal to qualified disabled individuals/couples.
6J	Full	No	SB 87 Pending Disability Program. Provides full-scope (no Share of Cost) benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.
6N	Full	No	Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA)/No Longer Disabled Recipients (FFP). Former SSI disabled recipients (adults and children not in aid code 6R) who are appealing their cessation of SSI disability.
6P	Full	No	PRWORA/No Longer Disabled Children (FFP). Covers children under age 18 who lost SSI cash benefits on or after July 1, 1997, due to PRWORA of 1996, which provides a stricter definition of disability for children.
6R	Full	Yes	SB 87 Pending Disability Program. Provides full-scope Share of Cost benefits to recipients 21 to 65 years of age, who have lost their non-disability linkage to Medi-Cal and are claiming disability. Medi-Cal coverage continues uninterrupted during the determination period.
6U	Restricted to pregnancy and emergency services	No	Restricted Federal Poverty Level – Disabled (Restricted FPL-Disabled) Provides emergency and pregnancy-related benefits (no Share of Cost) to qualified disabled individuals/couples who do not have satisfactory immigration status.
6V	Full	No	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.

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Code	Benefits	SOC	Program/Description
6W	Full	Yes	Aid to the Disabled – DDS Waiver (FFP). Covers persons who qualify for the Department of Developmental Services (DDS) Regional Waiver.
6X	Full	No	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.
6Y	Full	Yes	Aid to the Disabled – Model Waiver (FFP). Covers persons who qualify for the Model Waiver.
60	Full	No	SSI/SSP Aid to the Disabled (FFP). A cash assistance program administered by the SSA that pays a cash grant to needy persons who meet the federal definition of disability.
63	Full	Y/N	Aid to the Disabled – LTC Status (FFP). Covers persons who meet the federal definition of disability who are medically needy and in LTC status.
64	Full	No	Aid to the Disabled – Medically Needy (FFP). Covers persons who meet the federal definition of disability and do not wish or are not eligible for cash grant, but are eligible for Medi-Cal only.
65	Full	Y/N	Aid to the Disabled Substantial Gainful Activity/Aged, Blind, Disabled – Medically Needy IHSS (non-FFP). Covers persons who (a) were once determined to be disabled in accordance with the provisions of the SSI/SSP program and were eligible for SSI/SSP but became ineligible because of engagement in substantial gainful activity as defined in Title XVI regulations. They must also continue to suffer from the physical or mental impairment that was the basis of the disability determination or (b) are aged, blind or disabled medically needy and have the costs of IHSS deducted from their monthly income.
66	Full	No	Aid to the Disabled Pickle Eligibles (FFP). Covers persons who meet the federal definition of disability and are covered by the provisions of the <u>Lynch v. Rank</u> lawsuit. No age limit for this aid code.
67	Full	Yes	Aid to the Disabled – Medically Needy, SOC (FFP). (See aid code 64 for definition of Disabled – MN.) SOC is required of the beneficiaries.
68	Full	No	Aid to the Disabled IHSS (FFP). Covers persons who meet the federal definition of disability and are eligible for IHSS. (See aid codes 18 and 65 for definition of eligibility for IHSS.)

Code	Benefits	SOC	Program/Description
69	Restricted to emergency services	No	Income Disregard Program. Infant (FFP) – Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides emergency services only for infants under 1 year of age and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the federal poverty level.
7A	Full	No	100 Percent Program. Child (FFP) – United States Citizen, Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
7C	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/(IRCA Amnesty Alien (Not ABD or Under 18)). Covers emergency and pregnancy-related services to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the federal poverty level.
7F	Valid for pregnancy verification office visit	No	Presumptive Eligibility (PE) – Pregnancy Verification (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have pregnancy test results that are negative.
7G	Valid only for ambulatory prenatal care services	No	Presumptive Eligibility (PE) – Ambulatory Prenatal Care Services (FFP). This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have pregnancy test results that are positive.
7H	Valid only for TB-related outpatient services	No	Medi-Cal Tuberculosis (TB) Program. Covers individuals who are TB-infected for TB-related outpatient services only.

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Code	Benefits	SOC	Program/Description
7J	Full	No	Continuous Eligibility for Children (CEC) program. Provides full-scope benefits to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.
7K	Restricted to pregnancy and emergency services	No	Continuous Eligibility for Children (CEC) program. Provides emergency and pregnancy-related benefits (no Share of Cost) to children up to 19 years of age who would otherwise lose their no Share of Cost Medi-Cal.
7M	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors aged 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning.
7N	Valid for Minor Consent services	No	Minor Consent Program (FFP). Covers pregnant female minors under age 21. Limited to services related to pregnancy and family planning.
7P	Valid for Minor Consent services	Y/N	Minor Consent Program (Non-FFP). Covers minors age 12 and under 21. Limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment.
7R	Valid for Minor Consent services	Y/N	Minor Consent Program (FFP). Covers minors under age 12. Limited to services related to family planning and sexual assault.
<u>7T</u>	<u>Full</u>	<u>No</u>	<u>National School Lunch Program (NSLP) Express Enrollment. Children determined by their school to be eligible for express Medi-Cal enrollment after an evaluation of the NSLP application. Assembly Bill 59 (AB 59) Chapter 894 (Statutes of 2001) allows designated schools to share information from the NSLP with local Medi-Cal offices for the purpose of enrolling a child in Medi-Cal with no Share of Cost.</u>
7X	Full	No	Two-Month Medi-Cal to Healthy Families (MC-HF) Bridge (FFP). Provides two additional calendar months of health care benefits with no SOC, to Medi-Cal parents, caretaker relatives, legal guardians and children who appear to qualify for HF.

Code	Benefits	SOC	Program/Description
70	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). United States Citizen, Permanent Resident Alien/PRUCOL Alien or Undocumented/Nonimmigrant Alien (but otherwise eligible). Provides family planning, pregnancy-related, and postpartum services under the State-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).
71	Restricted to dialysis and supplemental dialysis-related services	Y/N	Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP) (Non-FFP). Covers persons of any age who are eligible only for dialysis and related services.
72	Full	No	133 Percent Program. Child – United States Citizen, Permanent Resident Alien/PRUCOL Alien (FFP). Provides full Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level.
73	Restricted to parenteral hyperalimentation-related expenses	Y/N	Medi-Cal TPN Only Program/Medi-Cal TPN Supplement Program (Non-FFP). Covers persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs.
74	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/ Nonimmigrant Alien (but otherwise eligible) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the federal poverty level.

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Code	Benefits	SOC	Program/Description
75	Restricted to pregnancy-related services	No	Asset Waiver Program (Pregnant). Provides family planning, pregnancy-related, and postpartum services for amnesty aliens under the State-only funded expansion of the Medi-Cal program for a pregnant woman having income between 185 percent and 200 percent of the federal poverty level (State-Only Program).
76	Restricted to 60-day postpartum services	No	60-Day Postpartum Program (FFP). Provides Medi-Cal at no SOC to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may continue to be eligible for all postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs.
79	Full	No	Asset Waiver Program (Infant). Provides full Medi-Cal benefits to infants up to 1 year, and beyond 1 year when inpatient status, which began before 1st birthday, continues and family income is between 185 percent and 200 percent of the federal poverty level (State-Only Program).
8E	Full	No	Accelerated Enrollment. Provides immediate, temporary, fee-for-service, full-scope Medi-Cal benefits to children under the age of 19.
8F	CMSP services only (companion aid code)	Y/N	CMSP Companion Aid Code. Covers persons eligible for certain benefits under the Medi-Cal program and other benefits under CMSP. 8F is used in conjunction with Medi-Cal aid codes 52, 53 and 57 to facilitate the payment of claims for covered benefits. 8F will appear as a special aid code and will entitle the eligible client to full-scope CMSP coverage for those services not covered by Medi-Cal.
8G	Full	No	Qualified Severely Impaired Working Individual Program Aid Code. Allows recipients of the Qualified Severely Impaired Working Individual Program to continue their Medi-Cal eligibility.
8H	Family PACT (SOFP services only) No Medi-Cal	N/A	Family PACT (also known as SOFP – State-Only Family Planning). Comprehensive family planning services for low income residents of California with no other source of health care coverage.
8N	Restricted to emergency services	No	133 Percent Program (OBRA). Child Undocumented/Nonimmigrant Alien (but otherwise eligible except for excess property) (FFP). Provides emergency services only for children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the federal poverty level.

Code	Benefits	SOC	Program/Description
8P	Full	No	133 Percent Program. Child – United States Citizen (with excess property), Permanent Resident Alien/PRUCOL Alien (FFP). Provides full-scope Medi-Cal benefits to children ages 1 up to 6 and beyond 6 years when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the Federal poverty level.
8R	Full	No	100 Percent Program. Child (FFP) – United States Citizen (with excess property), Lawful Permanent Resident/PRUCOL/(IRCA Amnesty Alien [ABD or Under 18]). Provides full-scope benefits to otherwise eligible children, ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.
8T	Restricted to pregnancy and emergency services	No	100 Percent Program. Child – Undocumented/Nonimmigrant Status/(IRCA Amnesty Alien [with excess property]). Covers emergency and pregnancy-related services only to otherwise eligible children ages 6 to 19 and beyond 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the Federal poverty level.
80	Restricted to Medicare expenses	No	Qualified Medicare Beneficiary (QMB). Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind, or disabled individuals.
81	Full	Y/N	MI – Adults Aid Paid Pending (Non-FFP). Aid Paid Pending for persons over 21 but under 65, with or without SOC.
82	Full	No	MI – Person (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing.
83	Full	Yes	MI – Person SOC (FFP). Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent.
84	CMSP services only (no Medi-Cal)	No	CMSP, MI – A (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent.
85	CMSP services only (no Medi-Cal)	Yes	CMSP, MI – A (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years, who meet the eligibility requirements of medically indigent.

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Code	Benefits	SOC	Program/Description
86	Full	No	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 years or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent.
87	Full	Yes	MI – Confirmed Pregnancy (FFP). Covers persons aged 21 or older, with confirmed pregnancy, who meet the eligibility requirements of medically indigent but are not eligible for 185 percent/200 percent or the MN programs.
88	CMSP services only (no Medi-Cal)	No	CMSP, MI – A/Disability Pending (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.
89	CMSP services only (no Medi-Cal)	Yes	CMSP, MI – A/Disability Pending (Non-FFP). Covers medically indigent adults aged 21 and over but under 65 years who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application.
9A	<u>Cancer Detection Programs: Every Woman Counts only</u>	No	<p>The <u>Cancer Detection Programs: Every Woman Counts</u> recipient identifier. <u>Cancer Detection Programs: Every Woman Counts</u> offers benefits to uninsured and underinsured women, 25 years and older, whose household income is at or below 200 percent of the Federal poverty level. <u>Cancer Detection Programs: Every Woman Counts</u> offers reimbursement for screening, diagnostic and case management services.</p> <p>Please note: <u>Cancer Detection Programs: Every Woman Counts</u> and Medi-Cal are separate programs; <u>however, Cancer Detection Programs: Every Woman Counts relies on</u> the Medi-Cal billing process (with few exceptions).</p>
9H	HF services only (no Medi-Cal)	No	The Healthy Families (HF) Program provides a comprehensive health insurance plan for uninsured children from 1 to 19 years of age whose family's income is at or below 200 percent of the Federal poverty level. HF covers medical, dental and vision services to enrolled children.

Code	Benefits	SOC	Program/Description
9J	GHPP	No	GHPP-eligible. Eligible for GHPP benefits and case management.
9K	CCS	No	CCS-eligible. Eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management).
9M	CCS Medical Therapy Program only	No	Eligible for CCS Medical Therapy Program services only.
9N	CCS Case Management	No	Medi-Cal recipient with CCS-eligible medical condition. Eligible for CCS case management of Medi-Cal benefits.
9R	CCS	No	CCS-eligible Healthy Families Child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy and case management).

Special Indicators: These indicators, which appear in the aid code portion of the county ID number, help Medi-Cal identify the following:

IE – Ineligible: A person who is ineligible for Medi-Cal benefits in the case. An IE person may only use medical expenses to meet the SOC for other family members associated within the same case. Upon certification of the SOC, the IE individual is not eligible for Medi-Cal benefits in this case. An IE person may be eligible for Medi-Cal benefits in another case where the person is not identified as IE.

RR – Responsible Relative: An RR is allowed to use medical expenses to meet the SOC for other family members for whom he/she is responsible. Upon certification of the SOC, an RR individual is not eligible for Medi-Cal benefits in this Medi-Cal Budget Unit (MBU). The individual may be eligible for Medi-Cal benefits in another MBU where the person is not identified as RR.

APPENDIX D

APPENDIX D

Statistical Publications Available on the Web

Report on Medi-Cal Managed Care Encounter Data for Research Purposes
January 2002

California's Medical Assistance Program – Advance Report – County Data
Calendar Years 1994 - 2001

California's Medical Assistance Program – Annual Statistical Reports
Calendar Years 1994 - 2001

Managed Care Annual Statistical Reports
Calendar Years 1998 - 2002

Medi-Cal Studies in AIDS
Calendar Years 1980 - 1994

Persons Certified Eligible for Medi-Cal
Calendar Years 2001 - 2002

Medi-Cal Funded Deliveries
Calendar Years 1994 - 2000

Medi-Cal Funded Induced Abortions
Calendar Years 1994 - 2000

Medi-Cal County Program Monthly Averages
Calendar Years 1995 -2000

Medi-Cal Program Highlights
Calendar Years 1995-2001

The data presented make up only a portion of the Medi-Cal information available from the Medical Care Statistics Section.

You can find our web page at:

<http://www.dhs.ca.gov/MCSS>

APPENDIX E

APPENDIX E

Medical Care Statistics Section's Recommended Links

Office of Statewide Health Planning and Development – Hospital Discharge Data
<http://www.oshpd.ca.gov/>

Managed Risk Medical Insurance Board (MRMIB) – Access for Infants and Mothers (AIM), Healthy Families Program (HFP – California version of the federal Children's Health Insurance Plan of California (HIPC), and the Major Risk Medical Insurance Program (MRMIP)
<http://www.mrmib.ca.gov/>

California Department of Finance – California Demographic Information
<http://www.dof.ca.gov/>

Centers for Medicare & Medicaid Services (formerly the Health Care Financing Administration) – Medicare, Medicaid and Child Health Insurance Statistics and Data
<http://cms.hhs.gov/default.asp>

The U.S. Census Bureau – Social, Economic, and Demographic Information
<http://www.census.gov/>

UCLA Center for Health Policy
Research – Information on California's Medically Uninsured Population
<http://www.healthpolicy.ucla.edu/>

Medi-Cal Policy Institute – Independent Medi-Cal News and Analysis
<http://www.medi-cal.ca.gov/>

The Medi-Cal Website – Information for Medi-Cal Providers
<http://www.medi-cal.ca.gov/>

University of Michigan's Library Documents Center – The Center is a central reference and referral point for government information, whether local, state, federal, foreign or international. Its web pages are a reference and instructional tool for government, political science, statistical data, and news.
<http://henry.ucl.lib.umich.edu/libhome/Documents.center/>